

# LODwar HIGH SCHOOL

## FULL ADMISSION & CONSENT BOOKLET – SENIOR SCHOOL

Affix passport size photograph here

### 1. STUDENT DETAILS

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Nationality: \_\_\_\_\_

Birth Certificate / Passport No: \_\_\_\_\_

Religion: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Class Applying For: \_\_\_\_\_

Year of Entry: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Dates Attended (From – To): \_\_\_\_\_

Curriculum Followed: \_\_\_\_\_

Learning Difficulties (if any): \_\_\_\_\_

Special Talents / Skills: \_\_\_\_\_

Relatives at Lodwar High School (Names & Classes): \_\_\_\_\_

### 2. PARENTS / LEGAL GUARDIANS DETAILS

Father's Full Name: \_\_\_\_\_

ID / Passport No: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

ID / Passport No: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Responsible Person for Fees (if parents separated): \_\_\_\_\_

### 3. GUARDIAN / EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

#### 4. SCHOOL SERVICES

School Lunch (Yes / No): \_\_\_\_\_

Vegetarian (Yes / No): \_\_\_\_\_

Food Allergies / Restrictions: \_\_\_\_\_

School Transport (Yes / No): \_\_\_\_\_

Transport Route / Zone: \_\_\_\_\_

## 5. REQUIRED DOCUMENTS

- Birth Certificate / Passport
- Previous School Reports (Last 2)
- KCPE Result Slip (where applicable)
- School Leaving Certificate / Recommendation Letter
- One passport-size photograph
- Parent/Guardian ID copies

## 6. PARENT / GUARDIAN DECLARATION

I hereby declare that all information provided is true and correct and that I agree to abide by all rules and regulations of Lodwar High School.

Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 7. COMMITMENT TO CHRISTIAN PRACTICES

Consent for participation in all Christian activities and devotions.

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 8. CODE OF CONDUCT FOR STUDENTS

Agreement to uphold discipline, integrity, and school rules.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 9. MEDICAL INFORMATION & CONSENT

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 10. COUNSELLING CONSENT

Child Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 11. PHOTO / VIDEO RELEASE

Child Name: \_\_\_\_\_

Permission Granted (Yes / No): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 12. DRUG & ALCOHOL TESTING CONSENT

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Admission Granted (Yes / No): \_\_\_\_\_

Class Admitted To: \_\_\_\_\_

Start Date: \_\_\_\_\_

Admission Number: \_\_\_\_\_

Admissions Officer Name & Signature: \_\_\_\_\_

Head Teacher Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_