

SOSIANI SCHOOL, ELDORET
P.O. BOX 13353-30100, ELDORET
TEL:0729-233-454
EMAIL: Sosianischool@gmail.com

Our Ref.....

Date

KGHS/ADM/19/1

SCHOOL MOTTO: COMMITMENT TO EXCELLENCE

YEAR: 2019

DEAR:

I am pleased to inform you that you have been selected to join form one in our school. Congratulations. You are expected to report on from 8:00 a.m. to 4:00 p.m.

Enclosed find the admission joining instructions from page 2- 8. Please read through the forms carefully and complete them appropriately. Hand them over on the reporting day. The school is approximately 3km from Eldoret town towards langas– Eldoret.

Please get your primary school head teacher to endorse the letter in the spaces provided below.

STUDENT'S FULL NAME: INDEX NO:.....

MARKS:SUB - COUNTY:.....

PRIMARY SCHOOL:.....

HEAD TEACHER'S FULL NAME:.....

HEAD TEACHER'S SIGNATURE:DATE:.....

STUDENT'S SIGNATURE: DATE:.....

Yours Sincerely,


CHELIMO C PERPETUA
PRINCIPAL



Disclaimer: This letter will be authenticated on being dully certified by the primary school head teacher complete with a certified copy of birth certificate and finally confirmed by the admitting principal. The letter is issued without any erasure or alteration and cannot be changed through any form of endorsement whatsoever. Alteration or false documents is an offence punishable by the law.

REF:

OUR LADY OF GLORY KAPTAGAT GIRLS HIGH SCHOOL
30100 ELDORET
KGHS/ADM/19/2

P.O. BOX 2793 –

ADMISSION FORM – CONDITIONS

1. The **parent** or **guardian** **MUST ACCOMPANY** the **student** for **admission**.
2. **First term school fees must be paid** on the reporting day. Fees must always be paid on the opening day of each term.
3. If for any reason a student withdraws from the school, fees paid **CANNOT** be refunded.
4. All students must take the meals provided by the school. Under **no circumstances** does the school provide **special meals** to students.
5. Parents must **replace** any **school property damaged** or **lost** by their children.
6. This being a **Catholic sponsored school**; all students **MUST** attend **holy mass** as prescribed by the school. Those who wish to join the **Christian Union** service are free to do so. The service is held in the school every Sunday after mass.
7. All students joining this school must learn **Christian Religious Education** up to form **four** as an **examinable subject**.
8. Parents should take **note** that branding of school uniform and items will be done in the school at their **own cost** after the students have been given **Admission Number**.
9. All students must abide by the school rules, a copy of which is attached herewith. In case of serious indiscipline, the head of the school is empowered to send a student home, pending the decision of the **Board of management (B.O.M)** in consultation with the Ministry of Education. The student concerned will be served with a suspension letter, copies of which will be sent to the chairman of the B.O. M, the SCDE and the parent/ guardian concerned.
10. Students are expected to bring their personal learning materials e.g. biro pens, pencils, erasers, rulers, geometrical set, files etc.
11. Students who have the challenge of **bed wetting** must bring a personal **mackintosh** on the **reporting day**.
12. Pocket money of at least **650/=** should be kept with the Accounts clerk on the day of reporting.
13. In case of any **sickness requiring admission**, please specify the **Hospital** you would wish your **daughter** to be **admitted in - (Tick accordingly)**.
 - a) **Moi Referral** () b) **Eldoret Hospital** () c) **Eldoret Memorial** () d) **Reale** () e) **MediHeal** ()
 - e) Any other **(Indicate)**

N/B


(If you agree to the above condition commit yourself by filling your name & append your signature together with your parent as indicated below)

I(**Name of student**), daughter of, do hereby promise that after reading and understanding the conditions and rules laid by the school, shall abide by them. I also understand that defiance of these conditions will result in either being sent home if the offence is minor or alternative measure taken against me if the offence is deemed a serious one by the school authorities.

Signature of student

I(**Name of parent/ guardian**) of

(**Name of student**) have thoroughly read and understood the above conditions. I have accepted these conditions without reservations.

Signature of parent **Signature of Principal**.....

REF:

OUR LADY OF GLORY KAPTAGAT GIRLS HIGH SCHOOL
30100 ELDORET

School Rubber Stamp



KGHS/ADM/19/3

P.O. BOX 2793 –

SCHOOL RULES AND REGULATIONS - 2019

1. **PUNCTUALITY:** Students must be punctual at all times.
2. **SICKNESS:** Sick students must report their cases to the school nurse/school administration/teachers on duty.
3. **DRESSING:** All students **must** be **smartly dressed in school uniform at all times.**
 - No **chemical treated hair**, only black ribbon can be used to hold long hair or keep a low cut.
 - No wearing of **jewelry** or **painting of nails.**
4. **LANGUAGE POLICY:** Students **must** speak in English and **Kiswahili** as **stipulated** by the **school.**
5. **SNEAKING OUT OF SCHOOL:** Students must only **leave the school** with **written permission** from the principal. Sneaking out of school is a **very serious offence.**
6. **FIGHTING AND STEALING** - is **prohibited.**
7. **DRUG AND SUBSTANCE ABUSE:** All forms of drug abuse is **forbidden.**
8. **SHARING OF BEDS:** Sharing of **beds** is **prohibited.**
9. **RESPECT:** All students must **respect** and **obey** those in **authority** as well as **fellow students.**
10. **CHURCH SERVICES:** All students must attend **Holy Mass** as **prescribed** by the school.
11. **STAFF QUARTERS** are **out of bounds** for all students.
12. **SCHOOL PROPERTY** must be **taken care** of by all students. Students will be charged for any damages or loss.
13. **CHEATING IN EXAMINATION** is a **very serious offence.** It leads to **cancellation** of results and suspension.
14. **MOBILE PHONES:** Students are **not allowed** to have **mobile phones in school.** All students' communication will be **done** by the **school administration/class teachers.**
15. **NOISE MAKING/SLEEPING:** **Silence** must be **maintained** in class at all times. **Unnecessary noise making** in the school compound and sleeping in class is not allowed.
16. **FOOD STUFF:** No food stuff should be **brought to school** at **all times.**
17. **DUTIES:** All students **must do** the **duties assigned** to them **effectively** for **maintenance** of **general cleanliness.**

N/B

1. Note that where a student is found to be extremely indisciplined, the school may refer the student to a professional counselor at the expense of the parent.
2. *Note that school rules and regulations are not static and they may be revised as need arises.*

REF:

**OUR LADY OF GLORY KAPTAGAT GIRLS HIGH SCHOOL
30100 ELDORET**



**PERPETUA CHELIMO
PRINCIPAL**

KGHS/ADM/19/4

P.O. BOX 2793 –

(A) STUDENTS' PERSONAL BACKGROUND INFORMATION

1. Student's Name in **(BLOCK LETTERS)**..... 2.
Date of birth.....
 3. Last school attended
 4. Co-curricular activities you participated in primary school.....
 5. Home address
 6. Are both your parents alive? If no indicate if father or mother is deceased (by using \checkmark or **X**)
(a) Father alive..... (b) Mother alive
 7. Who pays your school fees?Relationship.....
 8. Father's name:Mobile No.....Occupation.....
 9. Mother's name:Mobile No.....Occupation
 10. Guardian's name:Mobile No.....Occupation
- Indicate the number of your brothers and sisters in; **(i)** Secondary schools: **(ii)** Colleges.....
- Home CountyHome DistrictConstituency.....
- Location:Chief:Mobile No:
- Sub location:Asst chief:Mobile No:
- Village:

(B) KCPE YEAR:INDEX NO:

KCPE RESULTS (*Indicate marks as well as grades*)

GRADE

MARKS

REF:
OUR LADY OF GLORY KAPTAGAT GIRLS HIGH SCHOOL
30100 ELDORET

ENGLISH
KISWAHILI
MATHS
SCIENCE
SS/RE.....
TOTAL MARKS.....

H/Teacher’s Name: Mobile No:

Official School Rubber Stamp:



KGHS/ADM/19/5

P.O. BOX 2793 –

THIS FORM SHOULD BE FILLED BY A GOVERNMENT MEDICAL OFFICER AND
BROUGHT TO SCHOOL ON THE REPORTING DAY.

STUDENT’S MEDICAL REPORT

Name of student

Kindly do the following tests and fill in your findings.

- 1) Does she have any **disability**? Specify.....
- 2) **Uterus**: Is there any mass felt?
- 3) **TB**: 4) **Allergies**
(Does she suffer from any allergies?) If any specify.....
- 5) Does she suffer from any **hearing & vision problems**? Specify
.....
- 6) Does she suffer from any **communicable disease**? Specify 7)
Has she suffered from any severe disease? If yes, Explain
.....
.....
- 8) Has she ever been operated on? If yes explain
.....
.....

REF:

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30100 ELDORET**

9) Give any other important details.....

I (Name of medical officer)
declare and certify that I have examined the above named student and the information given is true and accurate.

Signature: Date:

Official rubber stamp:



KGHS/ADM/19/6

P.O. BOX 2793 – REQUIREMENTS
KGHS/ADM/19/7

S/N	ITEM	QUANTITY	OFFICIAL USE ONLY
1	The invitation letter	1	
2	Mattress (6" x 4" – Medium density) POA (blue)	1	
3	Blankets (heavy)	2	
4	A pair of bed sheets (blue)	1 pair	
5	School Bed cover (blue) – From the uniform shop	1	
6	A bucket (Blue)	1	
7	Black leather shoes (low heel)	1 pair	
8	Birth certificate-(Photocopy)		
9	KCPE Result slip-(photocopy)	1	

**P.O. BOX
2793 –**

REF:

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10	Padlocks – Tricycle No. 264 or above	3	
11	Key holder	1	
12	Night dress (Blue)	1	
13	Comb/Scratch	1	
14	Towel (large size)	1	
15	Thread – white & blue	1	
16	Sewing needle	2	
17	Bathing soap	4	
18	Bar soap	3	
19	Powder soap 1 kg	1	
20	Tissue paper	6	
21	Shoe polish (large size)	1	
22	Shoe brush	1	
23	Soap dish	1	
24	Tooth paste (Large)	1	
25	Tooth brush	1	
26	Pads	3 packets	
27	Pants – cotton (new)	5	
28	Slippers	1pair	
29	Biker – cotton (black)	3	
30	Vaseline 250gms	1	
31	Body lotion – 500gm	1	
32	Handkerchief (new)	4	
33	Petticoat	2	
34	Stainless steel plate(medium)	1	
35	Stainless steel cup (medium)	1	
36	Stainless steel spoon	1	
37	Mabati Box (medium)	1	
38	Sports shoes	1 pair	
39	A medium size bag	1	
40	School jumper in the uniform shop	1	
41	Bible (RSV)	1	

NUMBER OF UNIFORMS STUDENTS ARE EXPECTED TO BUY & PRICES

All school uniform will be purchased **directly** from **SCHOOL DEPOT, in Eldoret**. The shop is located on **Kenyatta Street; next to optica, Opposite sizzler** (TEL NO:0734054588 or 0710677999)

Below is a price list of the uniform

NUMBER OF UNIFORMS & EXPECTED PRICES

S/NO	ITEM	QUANTITY	UNIT PRICE	TOTAL PRICE
1	White short sleeved blouses (<i>St Austine youth</i>)	2	375/=	750/=

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30100 ELDORET**

2	White long sleeved blouse (<i>St Austine youth</i>)	1	380/=	380/=
3	Royal blue tetrex skirts (Thika textiles) – Royal blue	2	400/=	800/=
4	Royal blue/white stripped neck tie	1	60/=	60/=
5	Maroon long sleeved sweater (Ken-knit) with school logo -(Grade A)	1	880/=	880/=
6	Maroon short sleeved sweater (Ken - knit) with school logo . (Grade A)	1	800/=	800/=
7	Games kit grey in colour of Derrick heavy material printed with school name – (The short & top numbers should tally per student)	1	600/=	600/=
8	Plain white round necked T-shirt (Blue - line)	2	300/=	600/=
9	Plain white knee high stripped Royal blue socks (Scholar or Labbele)	3 pairs	150/=	450/=
10	Bed cover – Navy blue stripped white (Sample at the shop)	1	550/=	550/=
11	School jumper (printed school name)	1	2200/=	2395/=
GRAND TOTAL				8265/=

NB

Take note of the following instructions:

1. The **student must report to school dressed in full school uniform.**
2. No student should buy a **tight skirt**. All skirts bought must be **below the knees**. Any student who comes in a **mini or tight skirt** will be **sent back to replace**.
3. **STRICTLY, NO UNIFORM** should be **LABELLED/MARKED/BRANDED** until it is **INSPECTED** and **CLEARED** by the school. This is to ensure that the student is issued with proper uniform in the quality and specification required. The **uniform & other items** will be **branded** with the **student's admission number** at **school** after being **inspected**.
4. Note that each student must bring **all the above uniforms**, in the **quality and specifications stated** on the **reporting day**, failure to which they will be **sent back** to bring them.
5. Every student should bring the **RECEIPT** for **all the UNIFORMS PURCHASED** to **school** for **ease of follow up** if there will be an **issues arising** from the uniforms bought.
6. Each student must buy the **bed cover** (**Navy blue** and with **white stripes**) at the School Depot uniform's shop. 7. In case of **any challenge**, parents can **call the school number** for assistance.


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P.C. CHELIMO
PRINCIPAL



REF: KGHS/ADM/19/8
OUR LADY OF GLORY KAPTAGAT GIRLS HIGH SCHOOL
P.O. BOX 2793 – 30100 ELDORET

SCHOOL FEES STRUCTURE FOR 2019

VOTE HEAD	G.O.K	PARENT	TOTAL
Teaching & Learning Materials	4,792.00	-	4,792.00
Boarding, Equipment & Stores	-	27,385.00	27,385.00
Repairs, Maintenance & Improvement	1,886.00	2,400.00	4,286.00
Local Travel & Transport	1,833.00	650.00	2,483.00
Administration Costs	1,572.00	1,850.00	3,422.00
Activity	3,151.00	150.00	3,301.00
Electricity, Water & Conservancy	1,256.00	4,900.00	6,156.00
Personal Emoluments	5,755.00	3,100.00	8,855.00
Medical and insurance	1,999.00		1,999.00
GRAND TOTAL	22,244.00	40,435.00	62,679.00

Fees will be paid in **three installments** as follows;

TERM I	20, 218.00
TERM II	12, 130.00
TERM III	8, 087.00
GRAND TOTAL:	40, 435.00

You are expected to **come with full school fees for Term I.**

FEES PAYMENT

Fees payment is strictly as shown below:

1. **Banker's cheque. (Personal cheques are not acceptable)**
2. **Money order. (Not crossed)**
3. **Direct payment into the school bank account listed below and bank slip brought to school. ☐ KCB Eldoret branch A/C NO: 1181238455 - Account Name: Kaptagat Girls Boarding ☐ Pay bill: Business No 522123 account number 28255k students name.**

N/B

Kindly take note that fees payment in **CASH** is not acceptable.

perpetua

PERPETUA CHELIMO
PRINCIPAL

