



CATHOLIC DIOCESE OF MURANG'A

EMMANUEL SENIOR SCHOOL

P.O. BOX 734 - 10200, MURANG'A
TEL: 0702167404 / 0723503918

EMAIL: emmanuelseniorschool@gmail.com



ADMISSION FORM

NAME:

GRADE: ADM.NO:

JUNIOR SCHOOL: NEMIS NUMBER.....

ADDRESS:

PHONE NUMBER.....EMAIL ADDRESS.....

COUNTY: SUBCOUNTY:

K.J.S.E.A RESULTS:

Dear Student,

Congratulations! I am pleased to inform you that you have been selected to join Emmanuel Senior School, a private Mixed Boarding School managed by the Catholic Diocese of Murang'a.

The School offers a holistic education that provides for intellectual, spiritual, moral and social growth founded on Christian values and principles. We will put you at the top of academic hierarchy that will make you competitive.

We commit ourselves to assist you identify your career path, post excellent results and place you in the best universities and courses in Kenya and globally.

The mixed status of our Senior School is meant to make you have correct social interactions and help you navigate a world whose moral compass is erratic.

We are looking forward to meeting you and your parents.

The reporting dates will be 12th – 14th January 2026.

Yours Faithfully,

MINSLET EZEKIEL
SCHOOL PRINCIPAL.



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A. FEES STRUCTURE

VOTEHEAD	TERM 1	TERM 2	TERM 3
BOARDING FACILITIES &STORES	13,000.00	11,000.00	10,000.00
TUITION	11,000.00	9,000.00	7,000.00
SPECIAL ACADEMIC PROGRAM	0.00	2,000.00	2,000.00
TOTAL	24,000.00	22,000.00	19,000.00

N/B- ADMISSION FEES (PAYABLE ONCE) – SH 5000

1. Make Direct deposits of the school fees and admission fees into either of the school account and bring the bank slip to school.

- i) Bank: COOPERATIVE BANK – MURANG'A BRANCH

Account Name: CDM EMMANUEL SENIOR SCHOOL

Account Number: 01128489997700

OR

- ii) Bank: EQUITY BANK – MURANG'A BRANCH

Account Name: CDM EMMANUEL SENIOR SCHOOL

Account Number: 0220266323999

2. SCHOOL UNIFORM

The recommended school uniform will be provided at the school upon reporting. Uniform fees amounting to **Ksh. 22,000** should be paid separately in the following account.

BANK: EQUITY
ACCOUNT NAME: CDM EMMANUEL UNIFORM
ACCOUNT NUMBER: 0220269528184

REQUIREMENTS(BOYS)

Dear Parents,

Please note that apart from the official fees that you have been requested to pay, your child will need the following items so that he can live comfortably in our boarding School.

B. PERSONAL EFFECTS

1. Two pyjamas (warm materials).
2. One towels large size.
3. 5 new innerwears.
4. 3 handkerchiefs (cotton).
5. One pair of black leather shoes – Bata Shoes.
6. One pair of black sport shoes for P.E and one pair of bathroom slippers.
7. One box to store your belonging (with a pad-lock key).
8. Two extra pad-locks.
9. Two buckets for washing.
10. Tooth brush, tooth-paste, bathing soap and laundry soap to last you the whole term.
11. A Pillow
12. A pair of Gumboots (Black).
13. Umbrella or black rain coat.
14. Toilet papers to last for a full term.
15. 2 blankets.
16. 2 sets of pegs.
17. White and black sewing threads and 2 needles.
18. Simple black sandals (not plastic) – plain colour without decorations.
19. Hand brush.
20. A copy of a signed School rules and regulations.

NB/All the above items must be labeled. (If possible embroidered)

REQUIREMENTS(GIRLS)

Dear Parents,

Please note that apart from the official fees that you have been requested to pay, your child will need the following items so that she can live comfortably in our boarding school.

C. PERSONAL EFFECTS

1. Two night dresses (warm materials).
2. Two towels large size.
3. 5 new panties, 5 bras and 5 baikas.
4. 3 handkerchiefs (cotton).
5. One pair of black leather shoes (not high heels) – Bata Shoes.
6. One pair of black sport shoes for P.E and one pair of bathroom slippers.
7. One box to store your belonging (with a pad-lock key).
8. Two extra pad-locks.
9. Two buckets for washing.
10. Tooth brush, tooth-paste, bathing soap, laundry soap and sanitary towels to last you the whole term.
11. A Pillow
12. A pair of Gumboots (Black).
13. Umbrella or black rain coat.
14. Toilet papers to last her a full term.
15. 2 blankets.
16. 2 sets of pegs.
17. White and black sewing threads and 2 needles.
18. Simple black sandals (not plastic) – plain colour without decorations.
19. Hand brush.
20. A copy of a signed School rules and regulations.

NB/All the above items must be labeled. (If possible embroidered)

D. BOOKS

Please buy the following books for your daughter's personal use.

1. Revised Standard Version Bible.
2. Comprehensive Secondary School Atlas.
3. Pens.
4. School Geometrical set.
5. Oxford/Cambridge Advanced Learner's Dictionary.
6. Kamusi ya Kiswahili Sanifu by Taasisi ya Uchunguzi wa Kiswahili, Dar-es-salam.
7. K.N.E.C Mathematics Table – 7th Edition.
8. Fani ya Fasihi Simulizi Oxford by A. Matel.
9. Electronic Calculator (Scientific).
10. 5 graph exercise books.(A4 Size)
11. 2 squared exercise books 200 pages. (A4 Size)
12. 13 ruled exercise books 200 pages. (A4 Size)

E. DOCUMENTS (must be brought)

1. A copy of the KJSEA Results Slip.
2. A copy of Birth certificate.
3. one passport size photograph of the student.
4. A copy of the Parent or Guardian identity card (ID).
5. Medical certificate from a **CATHOLIC/GOVERNMENT HOSPITAL**

The uniform consists of the following:

2 BLACK SKIRTS/TROUSERS

2 BLUE SHIRTS

1 BLACK WITH RED STRIPE PULLOVER

1 BLACK WITH RED STRIPE SHORT SLEEVED PULLOVER

1 T- SHIRT WITH SCHOOL NAME

1 RED ACRYLIC BEDCOVER

1 RED TIE

3 PAIRS WHITE SOCKS

1 TRACK SUIT

1 PC MATTRESS 3"X 2_{1/2} " (High Density)

UTENSILS (CUP, SPOON & PLATE)

1 JUMPER

1 SPORT KIT

2 PAIRS OF BED SHEETS (LIGHT BLUE).

1 RED BLAZER

UNIFORM BRANDING

SCHOOL ID

NB:

1. All banking slips to be brought to school on opening day or before to avoid students being sent home to collect.
2. The girl should plait black braids and tie them at the center back or keep her hair short

STUDENTS INFORMATION SHEET

(To be filled in capital letters)

NAME
(Write your names in full)

DATE OF BIRTH: RELIGION:

NAME OF PREVIOUS SCHOOL:

ADDRESS:

K.J.S.EA ASSESSMENT NO: RESULTS(MKS):

FATHER'S/MOTHER'S/GUARDIAN'S FULL NAME:
(Tick the applicable)

ID/NO:
(Attach photocopy)

TELEPHONE: COUNTY:

NAME OF PERSON RESPONSIBLE FOR PAYING YOUR FEES:
.....

ADDRESS: PHONE NO:

GIVE ALTERNATIVE PHONE NO:

I certify that the above information is correct:

Student's signature.....

FOR OFFICIAL USE ONLY

Admission No: Class: Year:

MEDICAL EXAMINATION CERTIFICATE

Name of the student:

NB: Every student is supposed to bring this report after having been examined in a Catholic or a Government Hospital

1. E.N.T.:
2. Chest Examination:
3. Eyes and vision:
4. Dental examination:
5. Abdominal examination:
6. Pregnancy test(for girls):
7. Any chronic or recurrent illness:
8. Physical fitness:
9. Sexually Transmitted infections:
10. General observation:

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Name of Doctor: Signature:

Date: Office stamp:

