

## HEALTH INFORMATION

Preferred Pediatrician: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Personal Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

For the following points, please specify:

- Any special diet \_\_\_\_\_
- Any Allergies \_\_\_\_\_
- Medication on regular basis \_\_\_\_\_
- Having any learning difficulties \_\_\_\_\_
- Have had any accident with mental or physical consequences: \_\_\_\_\_
- Have any other disease or have had an operation recently: \_\_\_\_\_

With regards to any of the above medical conditions or special needs you may require, FIS aims to create an environment which enables students to contribute fully in the school life. To help us make reasonable adjustments, it is imperative to clearly indicate the condition. Please note that consideration of how we can meet any special needs is separate to the assessment of your academic sustainability.

I hereby agree that FIS may obtain, in emergency, medical treatment for my child should it not be possible to contact the parents. I promise to make good any such expenses incurred.

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

I hereby certify that all information on this form is exact and complete. I acknowledge having read and understood this document which includes the Handbook, the rules of FIS as well as the payment terms and conditions. I agree to abide in them as well as the FIS regulations. I understand that the fees are modified when absolutely necessary. I hereby agree to give ONE MONTH'S NOTICE in case of withdrawal of my child from your school, failure of which I will not receive my refundable deposit back.

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



# FAIRMONT'S INTERNATIONAL SCHOOL

Situated Opposite Daraja Mbili Mixed Secondary School, Kisii Kenya

P.O.BOX 3492-40200, KISII Tel: 0725 461121

## ADMISSION APPLICATION FORM

### STUDENT DETAILS

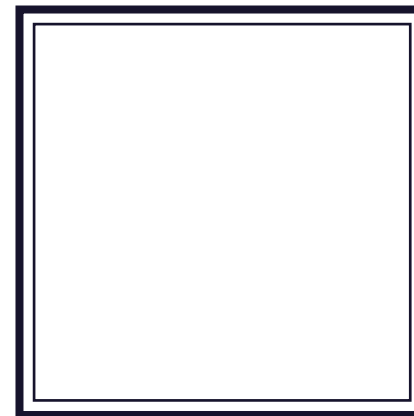
Family Name: \_\_\_\_\_

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

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Nationality: \_\_\_\_\_

Birth Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_



### EDUCATION

Previous School Attended \_\_\_\_\_ Year/Class Completed \_\_\_\_\_

### ACADEMIC PROGRAM

I wish to enroll for the following academic program (Please Tick):

#### BRITISH SYSTEM

2-3 years Creche ☐  
3-4 years Foundation Stage 1 ☐  
4-5 years Foundation Stage 2 ☐  
5-6 years Year 1 ☐

#### KENYAN SYSTEM

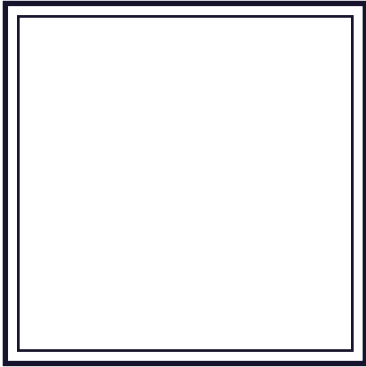
2-3 years Play Group ☐  
3-4 years Pre-School ☐  
4-5 years Pre-Primary 1 ☐  
5-6 years Pre-Primary 2 ☐

### ADMISSION

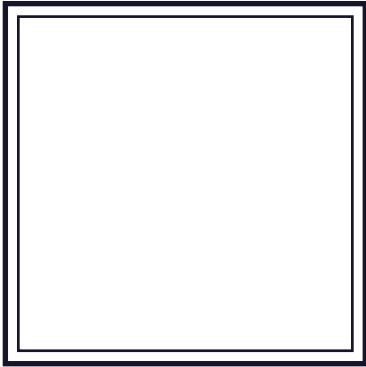
Starting Date \_\_\_\_\_

PARENT / GUARDIAN DETAILS

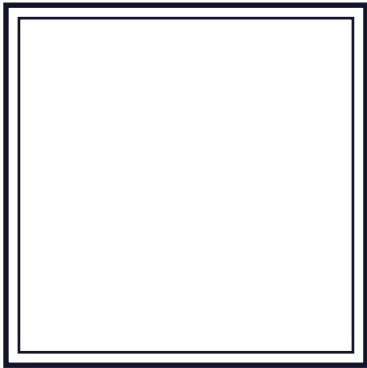
Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



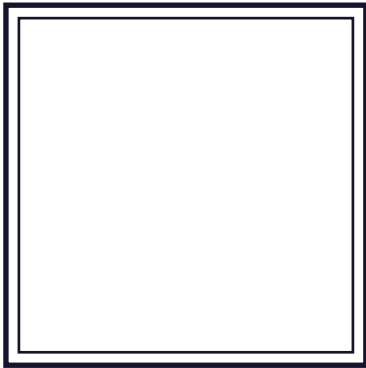
Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



EMERGENCY CONTACTS

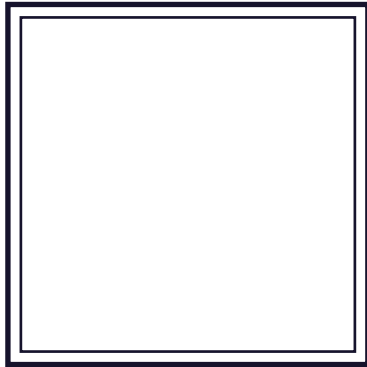


Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

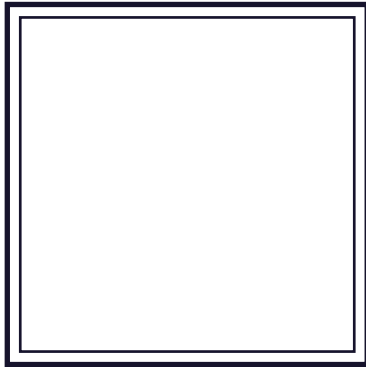


Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

AUTHORIZED PICK-UP PERSONS



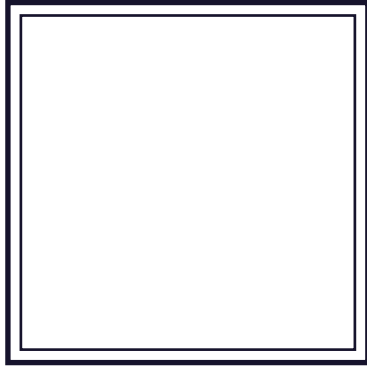
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_



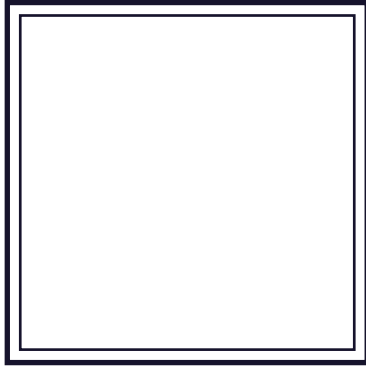
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

For Official Use:

In case of any changes of the emergency contacts and/or pick-up persons:



Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_



Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_