**AGC LAKEVIEW ACADEMY**

**SECTION 58. P.O. BOX 1680 - 20100**

**Email:lakeviewagcacademy@gmail.com**

**TELEPHONE 0111693088 / 0797 438 190**

**NAKURU**

APPLICATION FORM

**PART I: (TO BE COMPLETED BY THE PARENT/GUARDIAN)**

1. Name of Child……………………….........................................................
2. Date of Birth…………………………………………………………………………
3. Parent/Guardian Name: Mother………………………………………………...

Father……………………………………........................

1. Birth Certificate No……………………………………………………………………
2. Immunization Card No…………………………………………...(Attach Photocopies)
3. Nationality………………………………………………………………………………
4. Residential Address…………………………………………………………………

(House No. /Street / Estate…………………………………………………………

1. House Telephone No…………………………………………………………………
2. P. O. Box……………………………………………………………………..................
3. Father’s Occupation…………………………………………………………………….

Employer……………………..Phone…………………….Office……………………

1. Mother’s Occupation………………………………………………………………………………

Employer……………………..Phone……………………..Office……………………

Does your child suffer from any particular Disease which in Doctor’s opinion he/she cannot perform Physical Education? (If YES, state the nature of the disease/s…………………….

.………………………………………………………………………………………

Do you have any other Child in our school? YES/ NO. ………………

Incase of emergency, where can you be reached?.........................................................................................

If we cannot reach you, who can we contact?...............................................................................................

NAME……………………………………TELEPHONE……………………

I/We have read and understood the rules and regulations of the A.G.C Lakeview Academy and I/ we accept them.

Sign………………………….

***A Ministry of***

***Lakeview Africa Gospel Church***.

Page 1 of 4

**PART II: TO BE FILLED BY THE HEADTEACHER (PRIMARY).**

Ability of the child………………………………………………………………………………………

Conduct of the child……………………………………………………………………………………….

Interest of the child………………………………………………………………………………………..

.

Orals ………………………………………………………………………………………………………

Written …………………………………………………………………………………………………….

**HEADTEACHER**

Signature……………………………………………….

School stamp………………………………………….

**PART III: (FOR OFFICIAL USE ONLY)**

Date of application……………………………………..Admitted/ Not admitted…………………………

Admission No………………………………………………………………………………………………

Head teacher………………………………………………………………………………………………..

Signature……………………………………………………………………………………………………

Date…………………………………………………………………………………………………………

**SCHOOL REGULATIONS**

* Every pupil is expected to attend to his/her lessons daily. Absenteeism for two weeks without permission from school Administration, will loose his/her vacancy in the class.
* English shall be the general media of communication.
* Every pupil must put on full school uniform daily.
* Obey and respect the school staff and workers.
* Parents /Guardians should not give money to their children.
* All Parents / Guardians will be expected to attend school meetings and be informed about the child’s progress.
* No parent or guardian will be allowed to interrupt the child’s learning duties during the school hours without permission from the head teacher.

***A Ministry of Lakeview Africa Gospel Church***.

Page 2 of 4

**AGC LAKEVIEW ACADEMY**

**SECTION 58. P.O. BOX 1680 – 20100 Email:lakeviewagcacademy@gmail.com**

**TELEPHONE 0111693088 / 0797438190**

**NAKURU**



***NOTE: Parents should purpose to pay at least 50% of the term fees before the opening day and 25% before half term break. The remaining 25% should be paid before the end of the term.***

***A Ministry of Lakeview Africa Gospel Church***

*Page 3 of 4*