



VET VIEW ACADEMY
OLOOLUA ROAD, OFF- JUANCO / VETFARM, NGONG
P.O BOX 1243, 00502 KAREN
Telephone 0736616263,0799874109
Email: vetviewacademy@gmail.com

Application for Admission

Please submit the completed form to the school office.

About the pupil

Pupil's Full Name: _____
Surname First Name Middle Name
Applying to Class: _____ Age: _____ Birth date: _____
Male ☐ Female ☐ Nationality: _____ First Language: _____

Parent Information

Father's name: _____ Mother's name _____
Nationality: _____ Nationality: _____
P.O. Box _____ P.O. Box _____
Mobile No: _____ Mobile No: _____
E-mail : _____ E-mail : _____
Employer : _____ Employer : _____
Occupation : _____ Occupation : _____
With whom does the child live with? _____

Emergency Contact

Please provide a secondary contact **other than the parents**, in case of emergency.

Name: _____
Relationship: _____
Physical Address: _____ Telephone: _____
Email Address: _____

STUDENT MEDICAL FORM

The school provides First Aid treatment during school hours and at school functions. It is vital, therefore, that the school has up to date information about your child's health and medical requirements. Please complete the necessary details below and inform the school in writing of any changes in circumstances.

Name of the Pupil: _____ Class: _____

Date of birth: _____ Blood group (if known): _____

Medical card (type and number): _____

Student's Doctor: _____ Hospital: _____

Mobile Phone number: _____

1. Please attach proof of vaccination for polio, measles and diphtheria – tetanus.

A copy of immunization card is recommended.

2. Allergies: Give details of all allergies (e.g., to foods, medicines, antibiotics, nut allergy, bee stings etc).

3. Medicines administered at Vet View Academy: Please tick to indicate that you give permission for any of the following to be used or given to your child at school.

☐

Calpol

☐

Piriton syrup

☐

Panadol Syrup

In extreme cases and emergencies (e.g., fractures and severe sprains), do you give permission for Rescue Remedy to be given to your child? YES ☐ NO ☐

4. Specify any physical limitations or chronic health problems and/or medications.

5. Give details of any routine medications prescribed to your child (medicine and the condition for which it is prescribed).

6. Please attach a copy of your child's birth certificate.

SPECIAL NOTE

Utmost care is taken to ensure that all children are safe and sound. However, in case of injuries to the children, the school will immediately call a Health service provider to give first Aid then take the child to a hospital of your choice. The school is not liable for any children's injuries. Please sign below to indicate that you have understood and agree to this.

Signature of Parent or Guardian: _____ Date: _____

School Fee Payment Guidelines

- School fee is to be paid on or before the first ten days of each term. The school reserves the right to return a child home should the fees not be paid.
- Remission of fees is not made in cases of absence due to illness or any other cause.
- Every notice of intention to remove a child from the school must be made in writing and submitted to the school, before the beginning of the child's intended last term.
- Parents who withdraw their child at any time for leave or any other reason during the term are liable for the full term's fees.
- An advance payment is required to secure a place for new pupils. This payment is non-refundable if you do not take up the place.

I have read and agreed to abide by the fee payment guidelines above.

Application Statement

I hereby apply for admission to Vet View Academy in accordance with the school's terms and regulations. I declare that all the information provided in this form is correct, and I understand and agree that:

- Vet View Academy reserves the right to accept or refuse admission to any pupil for reasons that do not meet the criteria.
- Any parent failing to disclose vital information about the child will be held liable.
- I will be responsible for all charges including incidental expenses.
- No exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal from the school.
- I consent that my child's school photos can be used for school purposes such as media when needed.
- Should the school find it necessary to close at any time during the school year due to reasons beyond its control, the fees paid to the school are not eligible for refund.
- I understand that Vet View Academy is a Christian school whose foundation of instruction is based on Biblical principles made practical to everyday learning. I have no objection to my child receiving Christian instruction.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Thank you for applying to Vet View Academy.
