**THE MOMBASA ACADEMY**

 **(Est. 1978)**

P. O. Box 86487 Mombasa 80100, Kenya.

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**ADMISSION FORM**

|  |  |  |
| --- | --- | --- |
| Child’s First Name | Child’s Middle Name | Child’s Family Name |
|  |  |  |
| DOB (Day/Month/Year) As per birth certificate enclosed. | Age at Entry | Gender | Siblings |
|  |  |  🞎 Male  🞎 Female | 🞎 Yes:……………🞎 No  |

|  |  |
| --- | --- |
| Applying for Year Group | Academic Term |
|  |  |
| Religion | Nationality |
|  |  |
| Name of Previous School Attended | Academic Year Attended |
|  |  |
| Address of Previous School Attended | Last Class Attended |
|  |  |
| E-mail of Previous School  | Name of Principal of Previous School |
|  |  |
| Reasons for Leaving Previous School |
|  |
| How did you come to hear about the Mombasa Academy?  |
|  |
| Family Doctor | Telephone Number |
|  |  |
| Does your child have any medical/ psychological/ behavioural conditions? Please provide details/ relevant documentation.  |
|  |

*Please note that the following documents are required:*

* *a copy of birth certificate AND a copy of the child’s passport*
* *a leaving certificate of the previous school*
* *a copy of the last report form of the previous school*
* *a transcript of the previous school attended*

**Family Information**

|  |  |  |
| --- | --- | --- |
|  | Father/ Guardian | Mother/ Guardian |
| Surname |  |  |
| First name/ Middle Initial |  |  |
| Mr. / Mrs./Ms. /Dr. |  |  |
| Physical Home Address |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Home E-mail |  |  |
| Business E-mail |  |  |
| Occupation |  |  |
| Employer/ Self Employed |  |  |
| Address |  |  |
| Business Phone numbers |  |  |

**REGISTRATION FEE**: A fee of K.Shs 5,000/- (NON-REFUNDABLE) is payable upon registration, provided a place is available. If a place is not available, the fee may be paid when notification of a vacancy is given. Acceptance of registration fee implies that a place has been reserved for the child.

FEES are payable at the commencement of each term and need to be cleared 7 working days after the start of a new term. Parents proceeding on leave are advised that it is not possible to waive fees during absence. The fee structure is as per enclosed.

***ALL CHEQUES ARE PAYABLE TO “NYALI ACADEMIC SERVICES LTD.”***

NOTICE OF WITHDRAWAL: A term’s notice IN WRITING is required to withdraw your child from the school otherwise a PENALTY of ONE TERM’S FEE will be charged in lieu of the notice.

I agree that my child shall observe whatever regulations are laid down by the school management. I shall be liable for the payment of all school fees. I have read all the regulations and agree that my child will abide by them.

SIGNATURE PARENT/ GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE:

REGISTRATION FEE PAID: RECEIPT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSESSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADMITTED TO (CLASS/ YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HEAD OF SCHOOL