



BROOKHURST INTERNATIONAL SCHOOL

Offering British National Curriculum (Year 4-13)

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STUDENT ADMISSION FORM

Section A: Student's Information

Full name of student (Please underline the name generally used)		
_____	_____	_____
<i>First Name</i>	<i>Middle Name</i>	<i>Family Name</i>
Date of Birth _____ Nationality _____		
First Language _____		Religion _____

Section B: Parents' / Guardian's Information

Father's Name _____		
_____	_____	_____
<i>First Name</i>	<i>Middle Name</i>	<i>Family Name</i>
Occupation _____ Name of Company _____		
Address of Company _____ Fax No. _____ Tel. No.(Office) _____		
Mobile _____ E-mail _____		
Mother's Name _____		
_____	_____	_____
<i>First Name</i>	<i>Middle Name</i>	<i>Family Name</i>
Address of Company _____ Fax No. _____ Tel. No.(Office) _____		
Mobile _____ E-mail _____		
Guardian's Name _____		
_____	_____	_____
<i>First Name</i>	<i>Middle Name</i>	<i>Family Name</i>
Occupation _____ Name of Company _____		
Address of Company _____ Fax No. _____ Tel. No.(Office) _____		
Mobile _____ E-mail _____		
Residential Address/ Street _____ Home Tel No. _____		
P.O. Box _____		Town _____

British National Curriculum

Name and address of current/most recent school:

Secondary: _____

Number of years at this school (with dates): _____

Name and address of current/most recent school:

Primary/Prep: _____

Number of years at this school (with dates): _____) _____

Entry level requested at Brookhurst International School: Tick

Middle School: Year 7 Year 8 Year 9

Junior High School Year 10 Year 11

Senior School: Year 12 Year 13

Section C: Payment

Please indicate sources of funding for school fees.

Parents _____ Signature _____

Guardian _____ Signature _____

Employer/ Third party _____ Signature _____

Section D: Medical Information

Please tick where applicable.

Does your child suffer from any existing medical condition?

If the answer to above is yes, please give information as may be necessary

Does your child have allergies to bee stings, any specific drug or medicine, or any special condition we should know about?

To which hospital(s) may your child be taken in case of an emergency?

Family doctor: _____ Tel No. _____

Physical Address _____

Section E

How did you find out about Brookhurst International School?

Sign board _____ Media _____ Internet _____ Other _____

Please give details

Please return this form together with: -

- a) A copy of the child's birth certificate (or proof of birth date)
- b) A leaving certificate or report from the previous school.
- c) The non-refundable registration fee.
- d) 4 passport photos.

Student's sign-----date.....

Parent's sign.....date.....