FORM 1A

SUNSHINE SENIOR SCHOOL

P.O. Box 56890-00200 Nairobi Tel: 6001797/6004643
Mobile: Fax: 6004643 E-mail: sunshineschoolnbi@gmail.com

Shine in Excellence

Owned by sunshine educational trust

APPLICATION FORM FOR ADMISSION

Please complete all sections of this form IN FULL using BLOCK CAPITALS and submit together with:

1. **Copy of Birth certificate/passport of the student.**
2. **Copy of a School leaving Certificate/Recommendation letter.**
3. **A non-refundable Application and Registration Processing Fee as given in the Fees Structure.**
   Subject to the submission/verification of all required documentation, final acceptance will be indicated by a letter from the Principal.

A. STUDENT INFORMATION

SURNAME:	SERIAL NO. 00126
FIRST/MIDDLE NAME(S):	
NAME AS USED IN KJSEA	PLEASE ATTACH COLOUR PASSPORT SIZE PHOTOGRAPH
SEX(TICK) MALE ☐ FEMALE ☐	
DATE OF BIRTH:DAY MONTH: YEAR	
NATIONALITY:	
FIRST LANGUAGE:	
PHYSICAL ADDRESS:	

B. PARENT/GUARDIAN INFORMATION

FATHER(OR IF GUARDIAN STATE RELATIONSHIP TO THE CHILD)	
SURNAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	CODE
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)	
HOME TEL:	OFFICE/WORK TEL:
MOBILE PHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

MOTHER (OR IF GUARDIAN STATE RELATIONSHIP TO THE CHILD)	
SURNAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	CODE
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)	
HOME TEL:	OFFICE/WORK TEL:
MOBILE PHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	

Are there, or have there been, any brother(s) enrolled in this school? Yes ☐ No ☐

If yes, please indicate their Full Names and the Year of Completion _____

C. CONTACT PERSON IN CASE OF AN EMERGENCY

FULL NAME:	EMAIL ADDRESS:
RELATIONSHIP TO STUDENT:	HOME TEL:
MOBILE TEL:	OFFICE/WORK TEL:

D. EDUCATIONAL BACKGROUND

KCPE MARK:	CLASS OF ENTRY:
NAME OF PREVIOUS SCHOOL:	POSTAL ADDRESS CODE
NAME OF THE PREVIOUS HEADTEACHER/PRINCIPAL :	
Does the student have any known learning difficulties? If so, please state nature of difficulty and attach any relevant reports (continue in a separate sheet if necessary)	

E. MEDICAL INFORMATION

Does the student suffer from any existing medical condition? If yes, please provide details and attach any relevant medical reports.	
Are there any medical restrictions imposed upon the student's ability to participate fully in physical activities? If yes, please provide details and attach any relevant medical reports.	
Does the student suffer from any allergies, either general or specific (food, medicine, etc) is yes, please state clearly.	
Does the student take any medication on a regular basis? If yes, please state clearly.	
Is there anything in the student's medical history that the school should be aware of? If yes, please state clearly.	
NAME OF FAMILY DOCTOR:	MOBILE TELEPHONE:
OFFICE/WORK TELEPHONE:	EMAIL ADDRESS:
Details of any existing medical cover (if relevant, please include service provider and membership number):	

F. PAYMENT OF SCHOOL FEES, PENALTIES, MISCELLANEOUS EXPENSES

INDICATE THE PERSON(S) RESPONSIBLE FOR PAYMENT OF FEES

NAME : _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____

If payment is to be made by an employer, company, sponsor or third party, please ensure the undertaking is completed and signed below:

WE,(NAME OF EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY) _____
UNDERTAKE TO SPONSOR AND PAY SCHOOL FEES, PENALTIES AND MISCELLANEOUS EXPENSES FOR

(NAME OF STUDENT) _____

AT (NAME OF SCHOOL) _____

OUR UNDERTAKING IS LIMITED TO _____ %(PER CENT).

We confirm that we have read and understood the terms of payment on the admission form and shall comply with the said terms. The school is at liberty to pursue and contact us over payment of the undertaken school fees, penalties and miscellaneous expenses.

Name and Designation (IN BLOCK CAPITALS) _____

Signature: _____ Date: _____

Please affix Employer/ Company/ Sponsor/ Third Party Stamp and/or where applicable.

G.

TERMS AND CONDITIONS

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY. THE APPLICANT IS REFERRED TO AS "THE STUDENT" THROUGHOUT.

1. ENROLLMENT

1.1 The completion, signing and submission of this Application form confirm a parent/guardian's intention to enroll the student to the School on the specified date.

1.2. At the point of acceptance, a non refundable and non transferable enrollment fee equivalent to 30% of the published first term fees becomes payable immediately to secure the Student's place at the School. This enrollment fee will be credited towards the first term's fees.

2. ATTENDANCE

2.1. A letter of explanation is required in cases of absence from School or non-attendance of lessons/classes. In case of illness, a doctor's note will be required specifying the medical reason for the absence or non-attendance.

2.2. All students, irrespective of age, are required to abide by the School Rules and published Code of Conduct. The Principal has the authority to suspend and/or expel any student from the school if, at his discretion and judgment it appears to him appropriate to do so. The Principal's decision in such cases must be accepted as final.

2.3. The school Rules and code of conduct may be varied from time to time at the discretion of the Board of Directors. Any major/significant variation will be specifically drawn to the attention of the parents in writing.

3. WITHDRAWAL

3.1. One full school term's notice of withdrawal shall be required in writing if a Student is to be withdrawn from school; such notice shall be by registered post or delivered to the school and receipt thereof acknowledged in writing.

3.2. Unless notice of withdrawal is given as specified above, THE PARENT/GUARDIAN SHALL BE LIABLE TO PAY ONE SCHOOL TERM'S FEE IN LIEU OF NOTICE AT THE PREVAILING RATE FOR THE CLASS IN WHICH THE STUDENT IS ENROLLED.

4. SCHOOL FEES

4.1. Fees cover the full cost of tuition, exercise books, textbooks/ and reference materials. They also cover the cost of participation in the sports programme unless otherwise stated in writing.

4.2. School fees are due in advance on or before the first day of the school year.

4.3. A late payment surcharge shall be levied on any outstanding sums each month, and at the rates to be published from time to time in the annual fees Structure and/or Fee Notes.

4.4 School fees do not include external examination fees or specified activity costs or medical expenses.

4.5 Fees are not refundable in cases of absence from school through illness, vacation or leave, suspension or expulsion, as a consequence of war, insurrection, civil unrest and commotion, terrorism or an Act of God.

4.6. The School reserves the right to increase the published fees by giving at least five (5) months' written notice.

4.7. The responsibility of fees payment rests with the parent/guardian in the first instance, and where the fees are paid by an employer or third party party, it is the responsibility of the parent/guardian to ensure that this undertaking is clearly understood and duly signed by the said employer or third party. Liability for payment of fees shall always remain jointly and severally on the part of both parents/guardian and employer or such other third party.

5. RESPONSIBILITY OF THE ESTABLISHMENT

5.1. All items of school uniform must be clearly and permanently labeled. The school accepts no responsibility for lost property.

5.2. Personal effects of students are not insured by the school and as such no responsibility can be accepted for the loss of such items.

5.3. The School is not responsible for the student out of school hours unless the student is there at the request of the school (eg. for extracurricular activities).

5.4. The Principal's responsibility is limited to that defined by law as in loco parentis and parents/guardians hereby authorize him to take and/or authorize all decisions in relation to the Student which, in the Principal's opinion/judgment, is/are in the best interests of the Student when no contact can be made with the parent or other person authorized as above.

6. CONSENTS

6.1. I hereby give my permission for the above mentioned Student to attend swimming lessons and all other Physical Education lessons given as an intrinsic part of the curriculum of the school. I agree that the Student will not participate in these programmes where he suffers ill health and that I will inform the School in writing.

6.2. I understand that the above named Student will be required to attend and participate in all activities and lessons that are an intrinsic part of the curriculum without fail and that there should be known reasons for non participation.

6.3. I hereby give my permission for the above named Student to participate in any activities offered by the School as an intrinsic part of the curriculum of the school, which may take place outside the school premises. These may include visits to other schools or institutions, local or international companies / facilities / installations or any other place of interest.

6.4. I further understand that, if the student's behavior /words or actions are adjudged to be such that they may lead to the causing of an *accident, an embarrassment or to be otherwise unacceptable to the School, then the school reserves the right to prevent the Student from participating in any or all activities that it offers or provides.*

6.5. *I understand that the School may, at its discretion, take moving or still images of the Student during participation in programmed events. I hereby give my consent, where this happens, for these images to be used as appropriate and with due diligence by the School.*

6.6. *I hereby authorize the School to take the necessary steps in any medical situation.*

- 6.6.1. *Minor. The School may administer n o n - prescriptive medication and take other first aid measures as the situation requires.*
- 6.6.2. *Major. The School may take the Student to the nearest hospital or seek appropriate medical intervention. The parent(s)/guardian(s) to be informed immediately.*

H

DECLARATION

I/WE SEPARATELY AND JOINTLY HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN BY ME/US IS, TO THE BEST OF MY/OUR KNOWLEDGE CORRECT AND ACCURATE IN EVERY DETAIL. I/WE FURTHER DECLARE THAT I/WE HAVE READ, CLEARLY UNDERSTOOD AND FULLY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS HEREIN PROVIDED.

FATHER/MOTHER: _____ SIGNED: _____ DATE: _____

GUARDIAN: _____ SIGNED: _____ DATE: _____

FOR OFFICIAL USE ONLY

DATE OF ADMISSION _____ Adm. No. _____

CLASS: _____ HOUSE: _____

ADMISSIONS SECRETARY _____ SIGN: _____

PRINCIPAL: _____ SIGN: _____

Form 3 & 4
...../2026

SERIAL NO:

SUNSHINE SCHOOL

P.O BOX 56890 – 00200
NAIROBI
TEL: 0725668366

Email: sunshineschoolnbi@gmail.com

FOR OFFICIAL USE ONLY

THIS OFFER EXPIRES ON ----------AT 5.00P.M

ADM NO: ----------HOUSE: ----------FORM ----------

LETTER COLLECTED BY: ----------DATE: ----------

FORM 3 & 4 REGISTRATION FORM

STUDENT'S FULL NAME: ----------

DATE OF BIRTH: ---------- RELIGION ----------

HOME COUNTY: ---------- NATIONALITY ----------

K.C.P.E. MARKS: ---------- INDEX NUMBER: ----------NEMIS: ----------

LAST SCHOOL ATTENDED ---------- COUNTY: ----------

PARENTS/GUARDIAN'S FULL NAME: ----------

I.D NO: ---------- OCCUPATION: ----------

P.O BOX : ---------- CODE: ----------TOWN: ----------

CURRENT RESIDENCE: ----------EMAIL: ----------

TELEPHONE NUMBER:----------

PARENT'S/GURDIAN'S SIGNATURE:---------- DATE:----------

K.C.P.E RESULTS SHALL BE VERIFIED BY THE SCHOOL FROM K.N.E.C.

THE *SCHOOL RESERVES THE RIGHT OF ADMISSION.*

SUBJECT COMBINATION

1. .....
2. .....
3. .....

PARENTS/GUARDIAN'S FULL NAMES:_____

ID. NO: _____OCCUPATION:_____

P.O BOX:_____CODE:_____TOWN_____

CURRENT RESIDENCE: _____ EMAIL: _____

TELEPHONE NUMBER: _____

PARENT'S /GUARDIAN'S SIGNATURE: _____DATE: _____

K.J.S.E.A RESULTS SHALL BE VERIFIED BY THE SCHOOL FROM K.N.E.C

THE SCHOOL RESERVES THE RIGHT OF ADMISSION.

SERIAL NO._____/2026

SUNSHINE SENIOR SCHOOL

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NAIROBI.
TEL: 0725668366 / 0770562570
EMAIL: sunshineschoolnbi@gmail.com

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THIS OFFER EXPIRES ON_____AT 5.00 P.M

ADM. NO:_____HOUSE:_____GRADE:_____

LETTER COLLECTED BY:_____DATE:_____

GRADE TEN REGISTRATION FORM

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ RELIGION: _____

HOME COUNTY: _____NATIONALLY: _____

K.J.S.E.A MARKS:_____ASSESSMENT: _____NEMIS:_____

LAST SCHOOL ATTENDED: _____COUNTY:_____

CAREER CHOICES

1. .....
2. .....
3. .....

COMPULSORY LEARNING AREAS

1. ENGLISH
2. KISWAHILI
3. ESSENTIAL MATHEMATICS
4. PHYSICAL EDUCATION

PATHWAY : .....