



**THE BOULEVARD
SCHOOLS PRIMARY AND
JUNIOR SECONDARY SCHOOL**

P.O BOX 389-90100, MACHAKOS.
TEL.NO. 0722731210, 0713105566, 0713105454

E-mail:info@theboulevardschools.com Website: www.themakueniboulevardschools.com

ADMISSION OF PUPILS YEAR:

Name of the pupil:

I have the pleasure to inform you of your admission into this school as a day scholar in

Gradeyou are required to report on

TO BE FILLED BY THE PARENT / GUARDIAN

Pupils name:Date of birth:

Attach copy of birth certificate

Nationality:Religion:

Previous school attended:

Year:Up to

Grade admitted:Previous Grade last year:

NEXT OF KIN

Fathers Name:

ID No:KRA PIN NO.....

Occupation:Place of work:

Mobile No: 1 2.....

Postal address P.O Box:Code:

Email address:

Physical address: Nationality:County.....

Sub-county:.....Town:

Estate/village:House no:

Near (Exact location):

Mothers Name:

ID No:KRA PIN NO.....

Occupation:Place of work:

Mobile No: 1 2.....

Postal address P.O Box:Code:

Email address:

Physical address: Nationality:County.....

Sub-county:.....Town:

Estate/village:House no:

Near (Exact location):

Guardian / sponsor Name:

RELATIONSHIP TO PUPIL:

ID No:KRA PIN NO.....

Occupation:Place of work:

Mobile No: 1 2.....

Postal address P.O Box: Code:
Email address:
Physical address: Nationality: County.....
Sub-county:..... Town:
Estate/village: House no:
Near (Exact location):

B) ON THE ADMISSION DAY

Bring this form filled and dully signed

- i. Two recent passport size photos of the pupil
- ii. A certified medical certificate as per attached form
- iii. Birth certificate(copy)
- iv. UPI – (NEMIS) / ASSESSMENT NO.
- v. Parent’s Hardcopy ID and KRA pin copy.

POINTS TO NOTE BEFORE ADMISSION

- This school does not provide special diet
- Pupil's absenteeism is not encouraged in this school except on serious cases which are beyond control.
- Pupils are not allowed to keep money in their pockets or boxes.
- Pupils are not allowed to keep food or other edibles in the dormitories, lockers or anywhere in the school compound.
- All the pupils must be in the classroom when the lessons are on.
- All pupils should dress as per the school uniform code.
- Boys should maintain short hair. To be shaved every two weeks while girls shall be plaited short black braids or lines.
- All assignments and assessments given in the school must be done by the pupils.
- Parents should buy and provide all necessary learning materials as may be required from time to time for their pupils.

VISITING OR REQUEST TO SEE CHILDREN AT SCHOOL.

Pupils will be strictly visited by the persons who appear in the admission register or on the form provided by the school. Pupils will only be seen on the school's set days: i.e. visiting days, parent days or on parent's request. In case of picking the pupil, the parent or guardian should make prior arrangements with the school. The person to pick the pupil home must obtain a leave out form before the pupil leaves the school compound. This will be the procedure whether the pupil is going for treatment, school fees or for any function.

PARENT DECLARATION FOR VISITING OF PUPILS.

I / we the
parent(s) of ADM No: have
authorized the under mentioned person to visit / take my child on my/our behalf.

1. ID NO
Mobile no: Email:
2. ID NO
Mobile no: Email:
3. ID NO
Mobile no: Email:

He/she is best known to me and I trust him / her with my child.

Name of parent: ID NO:

SIGNATURE: DATE:

Declaration by the pupil:

I, Adm No:

Grade: do hereby agree to abide by the rules and regulations set out on this
admission letter and any other rules that the school management may deem fit for my
wellbeing while in the school compound.

Signature: Date:

Declaration by the parent/ guardian/ sponsor.

I, ID No: and

I, ID No: do
hereby agree to abide by the rules and regulations set out on this admission form and that we
guarantee to pay in full the school fees for (pupils name)

..... Grade:

ADM NO: As may be set by the school management from time to time.

Signature: Date:



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Parents / Guardians

Write any information you would like the school to know about your child.

Name of child:

Grade:Adm no:

My child:

Has breathing system problem:

Epileptic

Has been operated on:

Allergic to:

Any other information:

.....

This information will help the school to know how to deal with the child and the problem when it arises. If no problem writeN/A .

Signature:Date:



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**Parental Consent Form for Photographic/Film Use of Children under 18 years
of age:**

Being the child/children's/ parent or legal guardian, hereby give permission to THE BOULEVARD SCHOOLS to take and use photographs/films of your son/daughter while in the school's premises, or while taking part in any activity organized by the school, whether inside or outside the school's premises.

Further, I consent to use of the photos for purposes of keeping and maintaining memories of the school, publicity, marketing, and advertising on THE BOULEVARD SCHOOLS website and other print media. I agree that the photos/film may be combined with other images, text and graphics and be cropped, altered or modified in any way that the school deems appropriate.

I consent to the provision of this form and the details within it to THE BOULEVARD SCHOOLS, and to their storing these on a database.

I understand that the child's/children's name/s will not be given to the press or the public without my consent. Further, I understand that by signing this form, I grant THE BOULEVARD SCHOOLS the consent to take and use photos and film from time to time as the need arises, without the need to further consult me. Finally, I understand that I may cancel this permission in writing, and that THE BOULEVARD SCHOOLS will take all reasonable steps to ensure that the photograph/film is withdrawn from future use.

I further understand that I shall receive no remuneration or compensation for this assistance.

Signature: Date: