



**RUSINGA  
SCHOOLS**

APPLICATION FOR ADMISSION  
**KINDERGARTEN**

Affix a passport  
size photograph  
here

**1 CHILD'S DETAILS**

Name of child

Physical Address

Nationality

Passport Number

Religion

Sex

M

F

Date of Birth

Admission Required for Year Group

Starting

Last School Attended

Date: From

To

Curriculum: Local / BNC / Others (Specify)

Description of any Learning Difficulty

Details of any Special Talents:

Does the Applicant have any Close Relatives at Rusinga?

Yes

No

**If Yes:**

Name

Year Group

Name

Year Group

Name

Year Group

Name

Year Group

## 2 PARENTS'/LEGAL GUARDIANS' DETAILS

Father's Name

Mailing Address

ID/Passport Number (attach a copy)

Mobile Telephone Numbers

Alternate Telephone Numbers

E-Mail Address

Occupation

Designation

Organisation

Marital Status

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Mother's Name

Mailing Address

ID/Passport Number (attach a copy)

Mobile Telephone Numbers

Alternate Telephone Numbers

E-Mail Address

Occupation

Designation

Organisation

Marital Status

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If parents live apart, who is responsible for payment of school fees

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### Guardian's/Emergency Contact (Other than parent)

Name

Mobile Telephone Numbers

E-Mail Address

Occupation

Designation

Organisation

### 3 SCHOOL LUNCH

Does The Applicant Intend To Take School Lunch?  Yes  No

**If Yes,**

Is The Applicant Vegetarian?  Yes  No

List Any Foods Not Taken

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### 4 TRANSPORT

Will The Applicant Require Using The School Bus?  Yes  No

When Will The Bus Be Used?  Morning  Afternoon

If Yes, Which Transport Zone?

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### 5 SURVEY

How did you first find out about Rusinga Schools? (Check One)

Existing Parent  Members Of Staff  Students  School Sign Board  Media

What are your reasons for wanting your child to join Rusinga Schools?

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### 6 ADMISSION IS CONSIDERED INCOMPLETE WITHOUT THE FOLLOWING COMPULSORY DOCUMENTS:

- ID/Passport copy of parents
- Birth Certificate or Passport of child
- Last 2 Progress Reports from previous school (where applicable)
- One passport-size color photograph of child

## 7 DECLARATION BY THE PARENTS OR LEGAL GUARDIAN

I, **Parent/Guardian of**

**hereby declare that should admission be granted,**

1. I will attend parents meetings, school events or functions arranged by the School, and undertake to co-operate with the school in its programs and requirements.
2. I will pay full Fees upon admission and thereafter within the first week of every subsequent term failure to which I understand my child will be excluded from class.
3. I will give the Head Teacher at least one term's notice, in writing, of my intention to remove my child. In the event that I do not give this notice, I will pay one term's School Fees in lieu.
4. I will support the Head Teacher's decision to remove my child from the school if, upon enquiry, he/she is satisfied that my child has committed a grave offence or has been willfully or persistently disobedient or lazy, or if he/she is found to be academically unsuitable for the course he/she is following.
5. I will ensure that my child wears the school uniform appropriately including Games and Swimming kits as per the Safety Regulations prescribed for each sport.
6. I will allow my child to participate in all school organized Church and Community Service activities.
7. I will ensure that my child has read the School Rules and abides by them. I will also accept any other rules or regulations as may be reasonably introduced from time to time by the school.
8. I understand that the school does not accept responsibility for damaged/lost property.
9. I understand that absence from school by my child will require a letter of explanation from me or guardian to be submitted to my child's class teacher / form tutor on his or her return to school.
10. I understand that non-participation in Sports by my child for a medical reason will require a Medical Doctor's note to be submitted to the Games Teacher.
11. I understand that discovery of false certificates, reports etc. presented for admission may lead to the subsequent removal of my child from the School.
12. I accept responsibility for the choice of course undertaken by my child and understand that all courses are subject to approval by the Government.

**I also declare that the details given on this form are true and correct. I further declare that the documents attached are true copies of the originals.**

SIGNATURE

DATE

## FOR OFFICIAL USE ONLY

Kindergarten Assessment:

### Head of Kindergarten's Comments

Full Name

Signature

Date

### Headteacher's Comments

Full Name

Signature

Date

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### 1. ADMISSIONS OFFICE

I have interviewed the child and found him/her suitable for a place in **YEAR GROUP**

Date To Begin

Full Name

Signature

Date

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### 2. ACCOUNTS OFFICE

Parent Number

Student Number

Discount

Reasons For Discount

Registration Fee

Term Fees

Full Name

Signature

Date



**RUSINGA  
SCHOOLS**

# COMMITMENT TO THE SCHOOLS' CHRISTIAN PRACTICES

I,

(Parent/Guardian)

In recognition that Rusinga Schools are Christian Schools hereby give my consent for my son/daughter \_\_\_\_\_ in Year \_\_\_\_\_ to observe the rules and regulations set by the Schools as pertains to the Christian Faith, in particular,

1. Conform to the uniform code without any additions
2. Attend all School functions in Church when required.
3. Attend all daily morning devotions.

Signature (Student)

Date

Signature (Parent/Guardian)

Date



## **PREAMBLE**

Rusinga Students are expected to make a valuable contribution to the school community and set an example for others to emulate. Hence, students are expected to observe the following code of conduct in school and during all school events/ functions.

## **UNIFORM AND APPEARANCE**

It is your responsibility to know the uniform guidelines and to dress appropriately. Shirts must be tucked in neatly and trousers should not be allowed to sag. Jewelry is not allowed, but girls may wear one stud on each ear lobe. Boys are not allowed to keep beards and must have short, neat, well-groomed hair.

Hairstyles for girls should be simple and of natural hair color. Hair and braids must be tied back so as to look neat and tidy. Only clear nail varnish is allowed.

## **PROMPTNESS AND PUNCTUALITY**

The school does not operate bells. It is the responsibility of the student to know where he/she is meant to be throughout the day and arrive in good time ready to commence each lesson or activity.

## **LATE ARRIVAL TO SCHOOL**

It is the responsibility of the student to notify his/her class teacher or form tutor of his/her late arrival.

## **LEAVING SCHOOL DURING THE DAY**

In case of any intended absence from school, a student must bring a letter to this effect from his/her parent or guardian to show to the class teacher/ form tutor. This should, if possible, be done on the preceding day. The student must then be signed out by the Head of Section through the class teacher/form tutor who will then authorize the issuance of a gate pass disc which he/she must leave with the security officer at the school gate on departure.

## **ABSENCE FROM SCHOOL**

If for any reason a student is absent from school, he /she must ensure that the school office receives communication on the first day of the absence. The letter of explanation from the parent /guardian or doctor's note should be given to class teacher/form tutor on the first day of return.

## **ASSIGNMENTS AND HOMEWORK**

Students are expected to complete tasks assigned to them on time and to hand them in, properly done, to the teachers concerned for marking and grading.

## **BULLYING AND OFFENSIVE/ INAPPROPRIATE LANGUAGE**

These are strictly forbidden by the school. A student may be excluded from school if found to be involved in bullying or using offensive/inappropriate language.

## **CHEWING GUM AND SWEETS**

Chewing gum and sweets are strictly forbidden at school.

## **MOBILE PHONES AND OTHER ELECTRONIC GADGETS**

Only A level students may bring mobile phones and other electronic gadgets to school for academic purposes only. However, these will not be allowed during the exam season. They must not be lent to junior students including siblings. Failure to adhere to these requirements will lead to the phone being confiscated and the privilege withdrawn.

## SECURITY

Students are forbidden to bring into school any dangerous weapons or their imitations. The responsibility for any valuables brought into the school by the student lies strictly with the student. Senior school students are subject to random security checks for contra band items. The School cannot be held responsible for any losses.

## TUCK SHOP AND FOOD

The Tuck shop is open to Senior School Students only during break time. No student is allowed to take lunch out of the hall.

Food and drink should not be consumed in the classrooms.

## LITTER, GRAFFITI AND NOISE

Students should place all litter in the litter-bin provided and encourage others to do the same. Any student involved in acts of graffiti or vandalism of property will be severely punished and their parents asked to pay for repairs or replacement.

Students should keep noise levels to the bare minimum.

## SMOKING, ALCOHOL, DRUGS, SEXUAL RELATIONS AND PORNOGRAPHY

These are strictly forbidden within the schools, when on school organized trips or when in school uniform. Intimate relationships including physical contact is forbidden in school and on school organized trips.

## VISITORS

Students are not allowed visitors without prior permission from the Heads of Sections.

**Students must show respect to all members of the Rusinga community and property at all times. They should exercise politeness, courtesy and sensible behavior; always honoring others above self.**

I understand that my place as a member of Rusinga School community is based upon my readiness to adhere to these requirements.

I hereby agree, if admitted, to follow this Code of Conduct.

Signature (Student)

Date

Signature (Parent/Guardian)

Date

cc. Parent/ Guardian





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# AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF STUDENT BY THE SCHOOL NURSE

## PLEASE RETURN TO SCHOOL:

The school nurse cannot/will not provide services to your child without this signed consent (except for emergency first aid). The consent can be reviewed at any time by the parent or guardian.

## CHILD/STUDENT INFORMATION

Does your child have any allergies to foods, medications, or environmental pollens?

Yes    No

If yes, please list all allergies

Teacher

Year

Child's Name

Date of Birth

Blood Group

Nationality

Sex    Male    Female

Child's Street Address

City

How many people live in the home?

Mother's Name

Home Phone

Work Phone

Cell

Father's Name

Home Phone

Work Phone

Cell

Guardian

Home Phone

Work Phone

Cell

### **EMERGENCY CONTACT**

Person other than guardian or parent listed

Relationship to student

Home Phone

Cell

### **CHILD'S MEDICAL INSURANCE**

Does your child have Medical Insurance?  Yes  No

If yes, with which company?

Policy Number

Is your child fully immunized?  Yes  No

**Kindly provide the copy of the immunization card.**

Does your child take school lunches?  Yes  No

Does your child have any food allergy?  Yes  No If yes, please specify

### **DOCTOR'S DETAILS**

Name

Mobile Number

Office Number

Email Address

Physical Address

Please list any medication your child is taking for a long-term illness or on a regular basis

**You will be asked to complete a separate Medication Consent Form if you desire the School Nurse to administer medication in the school**

The following information will aid the School Nurse in making an accurate assessment of your child in case of illness or emergency. Please check the appropriate item if your child has ever had/has any of the following.

ADD/ADHD	Measles
Exposed to Tuberculosis	Shortness of breath
Rheumatic Fever	Chest pain
Anaphylactic Reaction	Stomach or bowel problems
Head, eyes, ears, throat problems	Mood disorders
Scarlet Fever	Chicken pox
Anemia	Unexplained weight gain
Hospitalization	Mumps
Seizures/ Convulsion	Depression
Asthma	Unexplained weight loss
Joint or muscle pain or stiffness	Persistent cough
Serious illness or injury	Diabetes
Birth defects	Operations/surgeries
Leukemia	Unexplained tiredness
Sleep problems	Emotional/psychiatric problems
Blood transfusion	Nose bleeding

**IF YOU CHECK YES TO ANY OF THE ABOVE CONDITIONS, PLEASE PROVIDE ADDITIONAL INFORMATION SUCH AS SPECIFIC TYPE, NAME OF ILLNESS OR TREATMENTS REQUIRED**

Have there been any recent situations in the family that you feel might negatively affect your child?  Yes  No If yes, please explain:

Does your child use/has used any of the following substances to the best of your knowledge?

Tobacco?  Yes  No Alcohol?  Yes  No Prohibited Drugs?  Yes  No

Please specify if any of the student's family members have had any of the listed health problems by using the code:

**S**=sibling, **F**=father, **M**=mother, **GF**=grandfather, **GM**=grandmother and also identify the grandparent by **P**=parental or **M**=maternal (example: the mother's parents would be listed as MGF for maternal grandmother).

Cancer

Epilepsy

Heart Disease

Seizures

Stroke

Diabetes

Birth Defects

Tuberculosis

Anemia

Respiratory disorders

High Blood Pressure

Kidney Disease

This consent covers basic laboratory tests that can be provided at the school health clinic when requested by a parent or are a required part of a physical exam. These include blood sugar levels which require a finger stick and a urine test and blood pressure.

**Please remember that if you do not complete this form, sign it and return it to your child's teacher at school, the nurse will not be allowed to care for your child except in a real emergency situation.**

Yes, I give my consent for my child,  
to receive services at the Health Department Satellite School Clinic.

No, I do not wish my child,  
to receive services at the Health Department Satellite School Clinic, except in a real  
emergency situation.

By signing this consent, I release Rusinga Schools from any liability related to the  
administration of medication or treatment so long as reasonable care and (customary)  
care is provided.

**Signature of Custodial Parent/Legal Guardian**

**Date**

**(This consent form does not include injectable. You must contact the school nurse for  
this or she will contact you for a separate consent for that service.)**

## CONSENT FOR HEALTH SERVICES

I consent to health care which may include screening, examination assessments, lab tests, treatment, first aid, over the counter medicine, and any other health services given to me/my child by staff or agents of the Rusinga Schools Health Department. I understand that no guarantees are being made as to the effect of any exam or treatment on me or my child until certified by a physician.

I understand that my child's medical record, kept in the school health clinic, may not be shared with anyone without my written consent. I authorize the school health clinic to release medical information about my child to a secondary health provider. I also understand that the information obtained from the child's medical examination, including immunization, will be released to my child's school on admission.

If my child has any medical bill from a secondary health provider, I also authorize the school clinic to release this information to me so that I can be billed.

**EXPIRES AFTER EVERY ACADEMIC SECTION.  
A new form on entry to a new section must be filled.  
(Kindergarten, Preparatory, Senior and A-Level)**

If the parent/guardian feels that they require to update any information on the form, it can be done on request.

**Signature of Parent/ Legal Guardian**

**Date**

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## RECEIPT OF PRIVACY NOTICE ACKNOWLEDGEMENT

Patient's Name (print)

Date of receipt

By signing this form, you acknowledge that the Rusinga Schools health Department has given you a copy of its Privacy Notice, which explains how your child's health information will be handled in various situations.

Check all that are true:

I have received the Rusinga Schools Health Department Privacy Notice.

I understand that I may contact the Health Department and I will be given an opportunity to discuss my concerns and questions about the privacy of my child's health information.

**Signature of Parent/ Legal Guardian**

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## OFFICIAL USE ONLY

**To be completed by the Admissions Officer.**

1. Does the Parent/Legal Guardian have a copy of the Privacy Notice?

Explain briefly why the Parent/Legal Guardian was unable to sign an acknowledgement form.



Dear Rusinga Parent/Guardian,

Over the years, as a counselling office we have enjoyed tremendous support from you. While we have made a point to keep you informed on matters counselling, it is necessary that we bring up the issue of consent. Given that your son/daughter is legally a minor you are required to give formal consent for your child to receive counselling services. To clarify, counselling is voluntary and no student is forced into it, save as a raised concern (teacher referral) or disciplinary action; at which point you, as the parent/guardian, will be notified. You are also welcome to refer your child/ren for counselling. Please note that for the younger children; Kindergarten, Year 1 & 2, we work closely with the teachers and only see a child after you have been notified and have given a go ahead.

Also note that the type of counselling given in school is “basic”; many times covering normal day-to-day stressors / challenges. When an issue presents as requiring more specialized attention, we will notify you and request that you seek out a specific intervention – a referral list may be provided. Counselling may take one session or a number of sessions, depending on the issue and the willingness of the child to participate. As mentioned, it is voluntary.

Finally, counselling is primarily a confidential process with the following limitations: If it is perceived that your child is a risk; to him/herself, to others, or to property, the counsellor is required to notify the Head of section as well as the parent/guardian. Also note that our work is governed by the philosophy of the “best interest of the child”.

**Kindly append your signature below as consent for your son/daughter to receive counselling services should he/she need it. \*Sign for each individual child.\***

Full Name of Child

Class

Full name of Parent/Legal Guardian Signature

Date

**This form should be returned to the class/form tutor to be placed in your child's file.**

\*If you are not comfortable with your child receiving counselling services and therefore do not consent, we will require you to communicate the same to him/her. This way, we will not have to turn away any child seeking counselling. As well, please sign below to confirm that you do not consent.

I \_\_\_\_\_  
receiving counselling services in school.

(Full name) do not consent to my son/daughter

Date \_\_\_\_\_ (Indicate name of child above).

**\*If your child is already in counselling or on any form of treatment for a mental health matter please consider informing the school counsellor so as to facilitate “on-the-ground” support for him/her. (This is not compulsory).**



**RUSINGA  
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# PHOTO/VIDEO RELEASE FORM: CONSENT FORM

Dear Parents and Guardians,

We often take photos and video of your child(ren) at work & play or at special events, field trips, school plays or celebrations to post internally in classrooms, corridors or classroom notice boards, for teacher education and historical record. In addition, we use the photographs and video for the school newsletter, accreditation evidence, brochures, website, social media channels soon to be launched, and other communication channels.

When photographs and video are used for publicity purposes, children are never identified by name unless for annual events such as commencement or publications such as the year book. All photos and videos used for publicity will be available for the child's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

Please sign the permission slip below to indicate your preference for photographs and videos.

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**I DO / DO NOT (PLEASE SELECT ONE) give Rusinga Schools permission to use photographs and video of my child, taken during class time, playground time, school functions and field trips. These photos and/or video will be used internally and will be posted inside the classroom, on corridor notice boards, for teacher education, newsletters and for historical record. In addition photos and video will be used on the School's official digital platforms. I also give my permission for photographs and video of my child to be used for publicity & communication purposes on the school website, in brochures, newsletter or other means of publicity. I understand that my child will not be identified by name when the photos or videos are used. I also understand that all photos will be available for review if I should request to do so. \*Sign for each individual child.\***

Full Name of Child

Class

Full name of Parent/Legal Guardian

Signature

Date