



Rosslyn Academy

Tel: 2635294/2635295/2635296
Fax:2635281
PO Box 14146-00800
Nairobi, Kenya

Application for Admission

Please email the completed form as an attachment to the following email address:
admissions@rosslynacademy.com with the Subject: **STUDENT APPLICATION**

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I. YYYY - MM - DD

Contact Address: _____
Street Address/P.O. Box

City State/Prov./Country ZIP Code

Cell Phone: _____ E-mail Address A: _____
Work Phone: _____ E-mail Address B: _____

Rosslyn Entrance Date: _____ Citizenship _____ Present Age: _____
YYYY - MM - DD

Gender Male Female Desired Grade Level: _____

Health Status? Excellent Good Average Poor Physical Disabilities? _____

Mother Tongue: _____ Church Affiliation _____

Specify any physical limitations or health problems: _____

Planned length of attendance at Rosslyn Academy: _____ years

How did you hear about Rosslyn? Rosslyn Parent/Rosslyn website/Rosslyn Open House/Corporate sponsor or employer/
East Africa Private Schools Guide or other publications/ Other _____

Family Information

Please complete as applicable.

Father's Name: _____ Mother Tongue: _____
Last First M.I.

Father's Employer _____ Father's Occupation: _____

Mother's Name: _____ Mother Tongue: _____
Last First M.I.

Mother's Employer _____ Mother's Occupation: _____

In order to best communicate with the home and serve your child , the school requests the following information:-

- Married Separated Divorced Widowed Single Other

Sibling Names: _____

Siblings School(s) _____ Grades: _____

Information In Kenya

Kenyan Address: _____

P.O. Box

Postal Code

City

Kenyan Phone: () Kenyan E-mail Address: _____

If residing outside of Kenya, what is your date of arrival in Kenya? _____

Immunization/Inoculation Records

NOTE: You will be required to complete a detailed health form before your student application can be processed.

Education

Rosslyn Academy has the ability to provide limited resource and accommodation support to students with mild to moderate learning difficulties or disabilities. Your open communication regarding this topic will favorably assist the Admissions Committee in determining how we can serve your child.

Has the student had testing or special classes in the past? YES NO

If **yes**, please check all of the options below that apply to the student.

- | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| a. General learning difficulties | <input type="checkbox"/> | b. Learning disabilities | <input type="checkbox"/> |
| c. Special education classes | <input type="checkbox"/> | d. Gifted and talented | <input type="checkbox"/> |
| e. English as a second language (ESL) | <input type="checkbox"/> | f. Tutoring | <input type="checkbox"/> |

NOTE: Reports/I.E.Ps/Test results should be attached if you checked a, b, or c.

How many years has the student studied English? 0 yrs 1 yr 2 yrs 3-4 yrs 5-7 yrs 7+ yrs

How would you rate the student's fluency in English? Excellent Good Average Below Avg. Weak

List student's other spoken/written languages: _____

Past Educational Institutions

Please list schools the student has attended in the past 2 years.

School Name: _____ Location: _____

Dates: MM-YY To: MM-YY Last Grade Completed: _____

School Name: _____ Location: _____

Dates: MM-YY To: MM-YY Last Grade Completed: _____

References

We occasionally need to be in touch with an alternative contact, preferably someone in Kenya. Please give us one or two alternate contacts.

Full Name: _____ E-mail: _____
Company/Occupation: _____ Phone: _____ () _____

Living Arrangements

The student living arrangements will be as follows:

- Living with parents
- Living with a relative or guardian
- Living in a dorm situation

As a general rule, Rosslyn Academy does not accept students NOT living with a parent. If this applies to you, please explain circumstances and give details of the guardians.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. All questions relating to the student have been accurately and fully answered.

I permit my student to fully participate in all curricular requirements including Christian religious instruction.

Please type your name in lieu of a signature.

Signature: _____

Date: _____

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FOR SCHOOL USE ONLY

Date Received: _____ Status: _____
Application Fee: _____ Receipt Number: _____