

**THE COAST ACADEMY**

P. O. BOX 82988, Mombasa, Kenya  
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E-mail: info@coastacademy.ac.ke



**ACCEPTANCE FORM**  
(Acceptance of the offer of a place)

**SECTION A:**

FULL NAME OF PUPIL \_\_\_\_\_  
First Name Middle Name Family Name

(Please underline the name generally used)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

First Language \_\_\_\_\_ Religion \_\_\_\_\_

Class to which entry is requested \_\_\_\_\_ Year \_\_\_\_\_ Term Sept/Jan/April (\*delete as applicable)

Name and Address of Present School \_\_\_\_\_

Name of Head Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
First Name Middle Name Family Name

Place of Work \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
First Name Middle Name Family Name

Place of Work \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Residential Address: House No. \_\_\_\_\_ Name of Building: \_\_\_\_\_

Road: \_\_\_\_\_ P.O.Box \_\_\_\_\_ Town: \_\_\_\_\_

Are there, or have there been any brothers or sisters at Coast Academy? If so, please give the admission number if known or full name (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Indicate if required

Lunch  Transport  Boarding

Please indicate source of funding for school fees:

- Self
- Direct company payment
- Other (Please specify)
- Reimbursement by company (eg. U.N.Agency, Foreign Government)

**MEDICAL INFORMATION**

Please check where applicable

Does your child suffer from

Eczema  Asthma  Sinusitis  Hayfever  Other 

If the answer to any of the 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? \_\_\_\_\_

Is there anything else in your child's medical history we should know about? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel. No. \_\_\_\_\_ Surgery at \_\_\_\_\_

**SECTION B****DECLARATION**

I have read, understood and I agree to the Standard Terms and Conditions and understand they may undergo reasonable changes from time to time, as circumstances require. I accept the offer of a place as set out in the letter of offer. **This acceptance will not be withdrawn or cancelled without a term's notice or a term's fees (less deposit(s) held by the school) paid in lieu.** I understand that in the event that my child(ren) is(are) not accepted the registration fees will not be refunded and that if my child(ren) is(are) accepted, all fees are due in full before he/she may enter class. I certify that fees of the current and any previous school have been paid and that the child has not been expelled or removed from any school for misconduct. A cheque for acceptance fees in accordance with fees list is enclosed.

(Each of those with parental responsibility to sign and complete below)

First Signature \_\_\_\_\_

Second Signature \_\_\_\_\_

Name in Full \_\_\_\_\_

Name in Full \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please return this form together with:

- a copy of the child's birth certificate
- a leaving certificate or report from the previous school
- the non-refundable registration fee

**SECTION C****For office use only****Admission Office**

I have interviewed the student and found her/him suitable for a place in class \_\_\_\_\_

Starting term \_\_\_\_\_ Year \_\_\_\_\_

Discount Offered if any \_\_\_\_\_ % Reason for discount \_\_\_\_\_

Name of Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fees paid	Rec. No.		Kshs.		Entry Date	
Acceptance Form	No.	No. Stud.adm.			Year Group/Class	
Invoice	No.	Kshs.			Admission No	
Fees Received	Rec No.	Kshs.			Parents Code No.	

Cashier's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_