



Application for Admission – Preschool

PLEASE NOTE: Admission to the preschool program at Rosslyn Academy does not constitute admission to the school for Grades K-12. A student who attends the Rosslyn Academy Preschool, and who wishes to attend grades K-12, must apply for admission to Kindergarten through the normal process.

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

Applicant Information

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

Contact Address: Street Address/P.O. Box City State/Country ZIP/Postal Code

Dad's Cell: Dad's email address: Mom's Cell: Mom's email address:

Rosslyn Entrance Date: YYYY-MM-DD Citizenship (dual) Present Age:

Gender Male Female NOTE: Child must be at least four years of age by August 1 to begin preschool.

Health Status? Excellent Good Average Poor Physical or learning Disabilities?

Main Language Spoken at Home: Church Affiliation

Indicate child's medical concerns/allergies/physical limitations (if applicable)

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: Last First M.I. Mother Tongue:

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 separate, detailed health form before your student application can be processed.

### Languages

How many years has the student spoken English?	0 yrs <input type="checkbox"/>	1 yr <input type="checkbox"/>	2 yrs <input type="checkbox"/>	3-4 yrs <input type="checkbox"/>		
How would you rate the student's fluency in English?		Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Avg. <input type="checkbox"/>	Weak <input type="checkbox"/>

List student's other spoken/written languages: \_\_\_\_\_

### Past Educational Institutions (if any)

Please list schools the student has attended in the past two years (if any).

School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates: **MM-YY** To: **MM-YY** Last Grade Completed: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates: **MM-YY** To: **MM-YY** Last Grade Completed: \_\_\_\_\_

### Emergency Contact Details

List two persons to be contacted in the event of an emergency when neither of the parents can be reached

#### Emergency contact 1

Name: \_\_\_\_\_

Telephone : \_\_\_\_\_

Relation to child: \_\_\_\_\_

#### Emergency contact 2

Name: \_\_\_\_\_

Telephone : \_\_\_\_\_

Relation to child: \_\_\_\_\_

### Living Arrangements

The student living arrangements will be as follows:

- Living with parents
- Living with a relative or guardian

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.

### Preschool Schedule Request

Please indicate your schedule preferences, with **first and second choice**. Every effort will be made to accommodate your request, though placement is not guaranteed. Please consult business office for current fees.

Please note: there is **NO CHILDCARE** available before 8:30 am or after 3:30 pm each day.

Please also note: the school **DOES NOT** provide any busing or other transportation mid-day (after the morning class or at the start of the afternoon class).

#### Monday to Friday

Mornings only 8:30 am to 11:30 am (5 days a week)

Afternoons only 12:30 pm to 3:30 pm (5 days a week)

### 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: \_\_\_\_\_

Please email the completed form as an attachment to the following email address: [admissions@rosslynacademy.com](mailto:admissions@rosslynacademy.com) with the Subject: **PRESCHOOL APPLICATION**

#### FOR SCHOOL USE ONLY

Date Received: \_\_\_\_\_

Status: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Receipt Number: \_\_\_\_\_