

MOUNTAIN VIEW ACADEMY

Kilgoris, Kenya
"Inspiring Greatness"

Tel: +254 712 864 837
info@mountainviewkilgoris.ac.ke
www.mountainviewacademy.ke

STUDENT APPLICATION FORM — PP1 TO GRADE 6

Academic Year 2025 / 2026 — Please complete all sections in BLOCK LETTERS

FOR OFFICE USE — Application No: _____ Date Received: _____ Received by: _____

1 LEARNER'S PERSONAL DETAILS

Full Legal Name (Surname first): _____

Date of Birth (DD/MM/YYYY): _____ Gender: ☐ M ☐ F Nationality: _____

County of Origin: _____ Sub-County: _____

Home Address / Town / Village: _____

Birth Cert No: _____ NEMIS / UPI No (if any): _____

Any disability / special need we should know about? _____

PHOTO
Passport size
Colour, white bg

2 CLASS APPLYING FOR

Class / Grade: ☐ PP1 ☐ PP2 ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6

Term & Year of Entry: _____ Admission Type: ☐ New ☐ Transfer Boarding / Day: ☐ Day ☐ Boarding

3 PARENT / GUARDIAN DETAILS

A. Father / Male Guardian

Full Name: _____ National ID No: _____ Mobile: _____

Occupation / Employer: _____ Email: _____ Alt. Phone: _____

B. Mother / Female Guardian

Full Name: _____ National ID No: _____ Mobile: _____

Occupation / Employer: _____ Email: _____ Alt. Phone: _____

C. Legal Guardian (if different from above)

Full Name: _____ Relationship: _____ National ID No: _____ Mobile: _____

D. Emergency Contact (must be reachable at all times)

Name: _____ Relationship: _____ Mobile: _____ Alt. Phone: _____

Home / Postal Address: _____

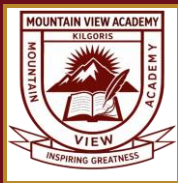
4 PREVIOUS SCHOOLING (LEAVE BLANK FOR NEW PP1 LEARNERS)

Previous School: _____ Town: _____ Last Class: _____

Years Attended (From – To): _____ Previous Adm. No: _____ Reason for Leaving: _____

Overall performance (latest report): ☐ Excellent ☐ Good ☐ Average ☐ Below Average

Class position (e.g. 5 of 42): _____ Awards / distinctions: _____



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5 HEALTH, MEDICAL & LEARNING SUPPORT

Known allergies? ☐ Yes ☐ No If yes, specify: _____ Asthmatic? ☐ Yes ☐ No Uses inhaler? ☐ Yes ☐ No

Chronic illness / condition: _____ Current medication(s): _____

Learning needs: ☐ Dyslexia ☐ ADHD / ADD ☐ Autism Spectrum ☐ Visual ☐ Hearing ☐ Speech / Language ☐ Physical / Mobility ☐ Emotional / Behavioural ☐ None identified

Professionally assessed? ☐ Yes ☐ No Support previously received: _____

Family Doctor: _____ Doctor's Phone: _____ Hospital of preference: _____ SHA / Insurance No: _____

Immunisation (PP1–PP2 & new entrants): ☐ BCG ☐ Polio (OPV) ☐ DPT / Penta ☐ Measles / MMR ☐ Hepatitis B ☐ Yellow Fever

Other health information the school should know: _____

6 DOCUMENTS SUBMITTED & ADDITIONAL INFORMATION

Attach: ☐ Birth Certificate (certified copy) ☐ 2 Passport Photos ☐ Parent / Guardian ID copy ☐ Latest School Report ☐ Transfer / Leaving Certificate ☐ Immunisation / Health Record

Heard about us: ☐ Referral ☐ Open Day ☐ Social Media / Website ☐ Radio / Newspaper ☐ Notice Board ☐ Other

Family member at MVA? ☐ Yes ☐ No If yes, name: _____

Anything else you would like the school to know about your child: _____

7 DECLARATION BY PARENT / GUARDIAN

I / We declare that all information provided is true, accurate and complete to the best of our knowledge, and understand that false or misleading information may lead to withdrawal of any offer of admission. I / We agree to abide by the rules and policies of Mountain View Academy and consent to the school using this information for admission, educational planning and learner support.

Parent / Guardian Signature: _____ Name: _____ Date: _____

Learner's Signature (Grade 4 & above): _____ Name: _____ Date: _____

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

Application No: MVA/ADM/2025-26/ _____ Date Received: _____ Received by: _____

Assessment Date: _____ Score: _____ Class Placement: _____ Adm. No Issued: _____

Decision: ☐ Admitted ☐ Waitlisted ☐ Declined Offer Letter Issued: ☐ Yes ☐ No

Fee Payment Confirmed: ☐ Yes ☐ No Receipt No: _____

Remarks: _____

Admissions Officer (Name / Sign / Date): _____ Head Teacher (Sign / Stamp): _____