BRAINCREST ACADEMY

Unlocking the Hidden Potential

JUNIOR SECONDARY SCHOOL APPLICATION | GRADES 7 - 9

FOR OFFICE USE ONLY

APPLICATION NO. | DATE RECEIVED | RECEIVED BY | RECEIPT NO.

ASSESSMENT DATE | INTERVIEW DATE | DECISION | PROPOSED DATE OF ENTRY

1 PROGRAMME APPLIED FOR

Grade: ☐ Grade 7 ☐ Grade 8 ☐ Grade 9

Boarding status: ☐ Day scholar ☐ Boarder

INTENDED YEAR OF ENTRY | TERM OF ENTRY | PREFERRED HOUSE / STREAM (OPTIONAL)

2 LEARNER DETAILS

SURNAME / FAMILY NAME | FIRST NAME

MIDDLE NAME(S) | DATE OF BIRTH (DD / MM / YYYY)

NATIONALITY | RELIGION

ASSESSMENT NO. / UPI NO. | BIRTH CERTIFICATE NO.

Attach recent passport-size photograph

Gender: ☐ Female ☐ Male

HOME COUNTY / AREA OF RESIDENCE | LANGUAGES SPOKEN

Close relatives currently at, or previously at, Braincrest Academy

FULL NAME | CLASS / YEAR | RELATIONSHIP TO APPLICANT

FULL NAME | CLASS / YEAR | RELATIONSHIP TO APPLICANT

FULL NAME | CLASS / YEAR | RELATIONSHIP TO APPLICANT

3 PARENT / GUARDIAN DETAILS

Primary parent / guardian

FULL NAME | TITLE | RELATIONSHIP TO APPLICANT

RESIDENTIAL ADDRESS | POSTAL ADDRESS

MOBILE PHONE (WHATSAPP? Y / N) | ALTERNATIVE PHONE | EMAIL ADDRESS

Second parent / guardian

FULL NAME | TITLE | RELATIONSHIP TO APPLICANT

RESIDENTIAL ADDRESS | POSTAL ADDRESS

MOBILE PHONE | ALTERNATIVE PHONE | EMAIL ADDRESS

4 OCCUPATIONAL DETAILS

Father / Guardian

NAME | OCCUPATION

EMPLOYER / BUSINESS | WORK ADDRESS | TELEPHONE

Mother / Guardian

NAME | OCCUPATION

EMPLOYER / BUSINESS | WORK ADDRESS | TELEPHONE

5 EMERGENCY CONTACT & FEES

EMERGENCY CONTACT (NOT A PARENT) | RELATIONSHIP | PHONE

PERSON / ORGANISATION RESPONSIBLE FOR PAYING FEES | PHONE / EMAIL

Preferred fee payment: ☐ Termly ☐ Half-yearly ☐ Annually ☐ Other

6 ACADEMIC HISTORY

MOST RECENT SCHOOL ATTENDED

LOCATION / ADDRESS

LAST GRADE COMPLETED

YEARS AT THIS SCHOOL

YEAR OF KPSEA / LAST NATIONAL ASSESSMENT

PREVIOUS SCHOOL (IF ANY OTHER)

REASON FOR SEEKING TRANSFER

SUBJECTS THE LEARNER ENJOYS / DOES BEST IN

SUBJECTS NEEDING EXTRA SUPPORT

7 LEARNER PROFILE

Talents & co-curricular interests (tick all that apply)

☐ Football ☐ Athletics ☐ Swimming ☐ Music ☐ Drama ☐ Art & craft ☐ Robotics / ICT

☐ Debate ☐ Scouts / Clubs ☐ Chess

OTHER TALENTS / ACHIEVEMENTS / LEADERSHIP ROLES

Health, learning & dietary needs

Medical condition, allergy or special learning need? ☐ No ☐ Yes (details below)

DETAILS & ANY MEDICATION / SUPPORT REQUIRED

Vegetarian? ☐ No ☐ Yes

FOODS THE LEARNER MUST AVOID

OTHER DIETARY NOTES

8 DOCUMENTS TO SUBMIT WITH THIS APPLICATION

☐ Copy of birth certificate

☐ Passport-size photograph (1)

☐ Transfer / leaving certificate (if applicable)

☐ Report forms for the previous two terms

☐ Proof of payment of the non-refundable application fee

☐ Assessment / KPSEA result slip (if available)

9 DECLARATION

I confirm that the information given in this form is true and complete. I understand that the application fee is non-refundable, that admission is subject to Braincrest Academy's assessment and availability of space, and that I will support the school's values, rules and policies should my child be admitted.

PARENT / GUARDIAN NAME

SIGNATURE

DATE

Submit the completed form with the documents above to the Admissions Office, Braincrest Academy.