

MT. LONGONOT SCHOOLS

P.O. Box 2323-20117 Naivasha, KENYA
Tel: +254 711 232 323, +254 721 232 322, +254 735 232 321
Email: info@mtlongonotschools.com | Web: www.mtlongonotschools.com



APPLICATION FORM FOR ENTRY TO MT. LONGONOT SCHOOLS

OFFICIAL USE ONLY:

YEAR: _____ HOUSE: _____ FORM: _____ PROPOSED _____
DATE OF ENTRY _____

1. STUDENT DETAILS:

Please indicate the school you are applying to

Pre - School: Class: _____ Day: _____ Boarding: _____
Lower School: Class: _____ Day: _____ Boarding: _____
Middle School: Class: _____ Day: _____ Boarding: _____
Upper School: Class: _____ Day: _____ Boarding: _____

Family Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

Nationality: _____ Gender: Male: Female:

Religion: _____

Does the applicant have any close relatives in MLS?

Name: _____ Class / Year: _____ Relationship: _____

Name: _____ Class / Year: _____ Relationship: _____

Name: _____ Class / Year: _____ Relationship: _____

2. PARENT / GUARDIAN DETAILS:

Family Name: _____ Title + Initials: _____

Relationship to Applicant: _____

Residential Address: _____

Postal Address: _____ Home Phone: _____

Business Phone: _____ Mobile Phone: _____

E-mail: _____

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3. PARENT / GUARDIAN OCCUPATIONAL DETAILS:

Father / Guardian's Name and Occupation: _____

Employer: _____

Business Address: _____

Telephone: _____

E-mail: _____

Mother / Guardian's Name and Occupation: _____

Employer: _____

Business Address: _____

Telephone: _____

E-mail: _____

4. EDUCATIONAL HISTORY:

Name and address of most recent Primary School: _____

Number of Years at this school: _____

5. OTHER DETAILS:

Who is responsible for paying fees? _____

Dietary Requirements

Is the applicant a Vegetarian? _____

List any prohibited foods: _____

You must submit the following with this application:

- Copy of birth certificate
- Copy of report form from previous term / school
- Non-refundable application fee of Ksh.1,000/=.