



# RIVIERA HIGH SCHOOL

P.O. Box 868, Kigali, Rwanda. Tel. +250 788 305 655/6, 788 355 670

E: [info@rivierahighschool.org](mailto:info@rivierahighschool.org) W: [www.rivierahighschool.org](http://www.rivierahighschool.org)

Principal: Mr. Boniface Onyango

Student

Passport

Photo

## APPLICATION FOR ADMISSION TO RIVIERA HIGH SCHOOL

### ADMISSION REQUIREMENTS

Please ensure that you supply us with the following documents to support your child's application. Failure to do so may result in a delay in processing your application

1. Passport / Birth Certificate Copy    2. Previous School Records    3. Student Health Form    4. Parent/student passport photos

Class to which admission is sought (Circle)    **REB**    Senior 1    2    3    4    5    6  
**CIE**    Year 8    9    10    11    12    13  
**Other**    BTEC    SAT    Language Class

### STUDENT DETAILS (Please fill in block letters)

Student's Family Name: \_\_\_\_\_

Student's First name: \_\_\_\_\_ Other Names \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: **M / F**  
Day                      Month                      Year

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

### LAST SCHOOLS ATTENDED

1. Name of School : \_\_\_\_\_

Address: \_\_\_\_\_

Classes attended: \_\_\_\_\_ From (Year): \_\_\_\_\_ to (Year): \_\_\_\_\_

2. Name of School : \_\_\_\_\_

Address: \_\_\_\_\_

Classes attended: \_\_\_\_\_ From (Year): \_\_\_\_\_ to (Year): \_\_\_\_\_

Has this child ever been suspended or expelled from school?                      Yes/No

If yes, when: \_\_\_\_\_ why \_\_\_\_\_

**NB: Any discipline problems** at the previous school must be declared and discussed. FAILURE TO MAKE A COMPLETE DECLARATION ENTITLES RIVIERA HIGH SCHOOL TO EXCLUDE THE STUDENT AT ANY TIME.

## FAMILY CONNECTIONS TO THE SCHOOL

- The student's sibling(s) is currently at Riviera High School Name: \_\_\_\_\_ Class \_\_\_\_\_  
 Name: \_\_\_\_\_ Class \_\_\_\_\_
- The student had a former sibling enrolled in the past Name: \_\_\_\_\_ Years \_\_\_\_\_
- The student's parents were former students of the school Name: \_\_\_\_\_ Years \_\_\_\_\_
- The student's parent is a member of the Advisory Council Name: \_\_\_\_\_

## FAMILY INFORMATION

Father/Guardian	Primary Care Giver Contact Details	Mother/Guardian
	Name	
	Street Address	
	Village/U mudugudu	
	Cell/Akagali	
	District	
	Occupation	
	Telephone (Mobile/Home)	
	Telephone (Work)	
	E-mail	
	Postal Address	
	Town	

## OTHER CONTACT PERSONS

Full name (Mr./Mrs./Ms/Miss/Dr/Rev) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Residential Address:

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Full name (Mr./Mrs./Ms/Miss/Dr/Rev) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Residential Address:

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Who is responsible for paying the student's school fees?**

(Tick) **Father/Mother/Guardian/NGO/Parent's Employer**

If fees are paid by Guardian, NGO or Parent's Employer, please give details below:

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

Relationship: \_\_\_\_\_

Postal Address in full: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

I declare that the information given on this form is correct and true. I permit my child's full participation in all the activities included in the school curriculum. I accept to pay all fees and dues before the student joins the school and before the start of each term. I have read and understood the school rules including the major disciplinary sanctions.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**CHECK IF SUPPLIED BY PARENT/ GUARDIAN**

Passport / Birth Certificate Copy  Previous School Records  Student Health Form  Parent/student passport photos

**CHECK ALL THAT APPLIES TO STUDENT**

Admitted  Rejected  Probationary Admission  Waiting List  Special Needs

**OFFICIAL SIGNATURES (in order of procedure)**

Admissions \_\_\_\_\_

Accounts \_\_\_\_\_

DP Welfare & Boarding \_\_\_\_\_

DP Academics/DOS \_\_\_\_\_

Principal \_\_\_\_\_