

# NJORO PRECIOUS SENIOR SCHOOL

## P.O.BOX 134-20107, NJORO.

TEL NO: 0716 110 328, E-Mail: npreciousgirls@gmail.com

MOTTO: *Mapping My Destiny*

DATE: .....

### **ADMISSION FORM**

Dear .....

We are glad to offer you a vacancy in NPSS in G10. Kindly note that you are required to report between **12<sup>th</sup> to 16<sup>th</sup> January 2026** accompanied by your parent/guardian. We are hoping that during your stay in our school you will strive to pursue academic excellence and a high level of discipline for success in future life. The school will help you achieve this objective by creating a conducive learning environment. You are expected to go through all parts of this form and fill it appropriately.

#### **PART 1: STUDENTS DETAILS:**

1. Full Names in Block Letters \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. K.J.S.E.A. Ass. Number: \_\_\_\_\_ Marks obtained \_\_\_\_\_
4. Last School attended: \_\_\_\_\_ NEMIS CODE \_\_\_\_\_
5. Parent/Guardians Name: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

#### SPORTS [Tick in check box according to interest]

Football  Track Sports  Handball  Volleyball   
Netball  Basketball  Tennis  Swimming

#### CLUBS [Tick in check box according to interest]

Debating  Science  Drama  Music

Geography / wildlife  Young Farmers  Green Club  Journalism

#### SOCIETIES [Tick in check box according to interest]

Christian Union  Seventh Day Adventist  Young Christian Society (Catholic)  Islamic

#### **PART II: ADMISSION REQUIREMENTS:**

Copy of KPSEA Result Slip

|| Grade 6

Website: [www.njoropreciousschools.com](http://www.njoropreciousschools.com)

Copy of KJSEA Result Slip	Grade 9
Copy of Birth Certificate	
Copies of progress reports	
1 passport size photograph (colored)	
Duly filled medical examination report	

### **PART III: ACADEMIC REQUIREMENTS**

Oxford Advanced Learners Dictionary	1 Jembe
Kamus Teule ya Kiswahili	2 files ( 1spring and 1box)
Geometrical set (oxford)(all classes)	Two padlocks (for box and desk)
Scientific calculator (fx-82 ms) (form 3&4 only)	1 Ream of photocopying papers and 1 ream of foolscaps
Mathematical tables (KNEC)- latest edition	Enough ball pens, pencils, erasers, a ruler
Bible (Revised Standard Version)	10 khaki cover papers and 12 A4 exercise books
Hymn Book (Golden Bells)	Kiswahili set book(Nguu za Jadi),English set book (The Samaritan )
1 musical instrument	Comprehensive secondary atlas for Kenya

### **PART IV: BOARDING REQUIREMENTS (to be acquired from outside)**

Rubber shoes (white or black )	Towel	laundry soap
White laboratory coat	6 rolls of toilet paper	4 pairs of white socks
A full swimming costume (black or navy blue),	Shoe polish& brush,	
	Bathroom slippers(Bata-red/blue)	Toothpaste &brush
A swimming cap(navy blue)	Enough pants	Enough toilet soap and a toilet brush
1metallic bucket and 1plastic bucket	Enough Sanitary towels.	5 Braziers ( black or white)
A pajama(black or navy blue )	Comb	Floor scrubber with handle stick
A pair of black leather shoes (TOUGHEES)	Black leg warmers	Black ijab and white trauser for muslims

### **PART V. HAIR STYLE**

Ensure you have either of the following;

- 1) Short hair (undyed-natural)
- 2) Long hair push back with black hair band
- 3) Plaited (black medium braids with black hair band mosodo tied)

### **PART VI: PAYMENT OF SCHOOL FEE**

1. Money order, Bankers Cheque, Bursary and Co-operative Cheques will be honored.

N/B: Cash/Personal Cheques are not accepted.

2. Pay the school fees directly to the school account, Kenya Commercial Bank, Nakuru Branch or any other KCB Branch. Account Number **1110937393OR**
2. For pay bill transactions please follow the procedure below;
  - 1) Go to M-Pesa menu
  - 2) Select lipa na m-pesa
  - 3) Enter pay bill no. **742697**
  - 4) For account number, enter **the name or ADM NO.** Of the student.
  - 5) Then amount you want to pay and send.
  - 6) You will receive a notification from **MPESA** confirming that you have sent money to Njoro Precious Girls. Keep the message for your records.

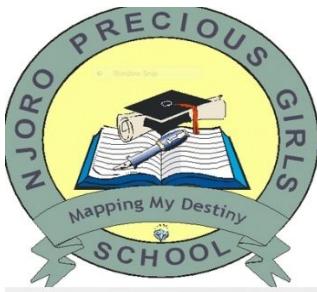
**GIRLS SENIOR SCHOOL FEES STRUCTURE**  
**ACADEMIC YEAR 2026**

<b>ALLOWANCES FOR NEW STUDENTS</b>			
<b>DESCRIPTION</b>	<b>AMOUNT</b>	<b>PAYMENT METHODS</b>	
CAUTION MONEY	5,000.00		
ADMISSION	2500.00		
BOOK ALLOWANCE	3,000.00		
MEDICAL FEE	2,500.00	<b>MPESA PAYMENTS</b>	
UNIFORM	13,500.00	PAYBILL	742697
BEDDINGS	6,000.00	A/C NUMBER	NAME & ADM NUMBER (e.g., 1234 Mady Doe)
NB: These are one time fees			
<b>TERMLY TUITION FEES</b>		<b>ACCOUNTS PAYABLE</b>	
		BANK	A/C NUMBER
		KCB BANK	1110937393
		A/C NUMBER	NAME & ADM NUMBER (e.g. 1234 Mady Doe)
<b>Term 1</b>	40,000.00		
<b>Term 2</b>	40,000.00	<b>FOR ALLOWANCES:</b>	
<b>Term 3</b>	38,500.00	PAYBILL BANK	247247
NB: FEES IS PAYABLE IN INSTALLMENTS AS DIRECTED BY THE SCHOOL		A/C NUMBER	705541
		<ul style="list-style-type: none"> <li>• All school fees and other levies should be paid in full on or before the opening day.</li> <li>• Money order, Bankers Cheque, Bursary and Co-operative Cheques will be honored.</li> </ul>	
<b>ADDITIONAL CHARGES PER TERM</b>			
SPECIAL DIET(OPTIONAL)	3,000.00	N/B: No cash/Personal Cheques will be accepted	
ACTIVITY FEES	2,000.00		

Yours Faithfully,



**PRINCIPAL, NJORO PRECIOUS GIRLS SCHOOL**



# NJORO PRECIOUS GIRLS SCHOOL

(GIRLS' BOARDING SCHOOL)



## ABOUT US:

- Academic Excellence
- E-Learning facilities
- Homescience
- Swimming
- Sports, Music & Drama
- Pastoral Care & many more

## ACADEMIC PERFORMANCE

YEAR	MEAN	LEAD GRADE
2013	6.6	A-
2014	6.4	B+
2015	6.5	B+
2016	5.3	A-
2017	5.6	B
2018	6.5	A
2019	6.3	B+
2020	6.5	A-

**Located Within Njoro township, 1km off Njoro-Elburgon road,  
towards Lord Egerton castle**

Tel: 0716-110328/0717-012679. Email: [npreciousgirls@gmail.com](mailto:npreciousgirls@gmail.com)

Facebook: Njoro Precious Girls

WEBSITE: [www.njoropreciousschools.com](http://www.njoropreciousschools.com)

# NJORO PRECIOUS GIRLS HIGH SCHOOL

P.O.BOX 134-20107, NJORO.

TEL NO: 0716 110 328, E-Mail: npreciousgirls@gmail.com

## **STUDENT MEDICAL EXAMINATION FORM**

### **PART A: TO BE FILLED BY THE STUDENT WITH THE HELP OF A REGISTERED MEDICAL PRACTITIONER**

Name of Student: ..... Date of Birth: .....

Name of Parent/Guardian: ..... Mobile Phone No: .....

Email: .....

### **PART B: HAVE YOU EVER HAD OR DO YOU SUFFER FROM**

CONDITION	YES	NO	CONDITION	NO	YES	CONDITION	NO	YES
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	COVID 19	<input type="checkbox"/>	<input type="checkbox"/>

### **PART C: HEALTH STATUS OF STUDENT**

Do you have allergies? YES  NO  (If yes,

Specify; .....

Do you take medication on a regular basis? YES  NO  (If yes,

Specify; .....

Do you have learning problems? YES  NO  (If yes,

Specify; .....

Do you have any special dietary requirements? YES  NO  (If yes,

Specify; .....

Have you ever had any accident with mental or physical impairment? YES  NO  (If yes,

Specify; .....

### **PART D: STUDENT DECLARATION**

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required to do so. I also declare that I will be responsible for the consequences of my eligibility to my stay in school for giving false medical information.

Students signature: ..... Date: .....

Parent/Guardian signature: ..... Date: .....

### **PART E: DOCTORS CONCLUSION/ RECOMMENDATION**

I, Doctor..... KMDP NO: ..... of this HOSPITAL NAME: )))))) ))))))))) certify that the above information is correct and that the general state of health, physical and mental condition of the student is **GOOD**  **NOT GOOD**  and can/cannot undertake learning in your school.

Date: ..... Signature: ..... OFFICIAL STAMP: .....

### **PART F: FOR OFFICIAL USE (To be filled by the school principal)**

COMMENTS: .....

Name: ..... Signature: ..... Date: ..... Stamp: .....