



# JOY SOUNDS ACADEMY

Quality Education | Discipline | Excellence

Academic Year: 2026

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## A. FEE STRUCTURE

### Tuition Fees (Per Term)

Level	Day Scholar (KES)	Boarding (KES)
Pre-Primary (PP1–PP2)	18,000	—
Lower Primary (Grade 1–3)	22,000	35,000
Upper Primary (Grade 4–6)	25,000	38,000
Junior Secondary (Grade 7–9)	30,000	45,000

*Tuition covers classroom instruction, learning materials, assessments, ICT access, and co-curricular activities.*

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## B. Other Fees (Annual / One-Time)

Item	Amount (KES)
Admission Fee (once)	5,000
Development Fee (annual)	6,000
Activity & Clubs Fee (annual)	3,000
Examination Fee (annual)	4,000

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## C. Optional Services

Service	Cost (KES)
School Transport (per term)	8,000 – 12,000
Lunch Program – Day Scholars (per term)	6,000
Boarding Medical Cover (annual)	3,000
Educational Trips	As communicated

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## D. Payment Policy

- Fees are payable **before the start of each term**
  - Fees paid are **non-refundable**
  - **Sibling Discount:**
    - 2nd child – 5% tuition discount
    - 3rd child – 10% tuition discount
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# ADMISSIONS – APPLICATION FORM

*(Parents/Guardians are requested to print and fill this form clearly)*

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## STUDENT INFORMATION

- Student Full Name: \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
  - Birth Certificate No.: \_\_\_\_\_
  - Grade / Class Applying For: \_\_\_\_\_
  - Previous School (if any): \_\_\_\_\_
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## PARENT / GUARDIAN INFORMATION

- Parent/Guardian Full Name: \_\_\_\_\_
  - Relationship to Student: \_\_\_\_\_
  - National ID / Passport No.: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Alternative Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Physical Address / Residence: \_\_\_\_\_
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## EMERGENCY CONTACT (If different from above)

- Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
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## MEDICAL INFORMATION

- Does the student have any medical condition or allergy?  
☐ Yes ☐ No
  - If yes, please specify: \_\_\_\_\_
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## DECLARATION

I confirm that the information provided above is true and correct to the best of my knowledge. I understand that submission of this form does not guarantee admission.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## OFFICE USE ONLY

- Admission Number: \_\_\_\_\_
  - Class Admitted: \_\_\_\_\_
  - Fees Paid: ☐ Yes ☐ No
  - Remarks: \_\_\_\_\_
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**Joy Sounds Academy reserves the right to admit students based on assessment results and availability of space.**