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A: Details of Pupil

First Name: _____ Middle Name: _____

Surname: _____ Preferred Name for School: _____

Sex: _____ Date of Birth: _____ Religion: _____

Nationality: _____ Proposed term of entry: _____

Entry Class (tick one option): ☐Earth Years. ☐Grade-1. ☐Grade-2 ☐Grade-3

☐Grade-4 ☐Grade-5 ☐Grade-6 ☐Grade-7 ☐Grade-8 ☐Grade-9 ☐Grade-10

☐Grade-11 ☐Grade-12

B: Home Address and Contacts

Home Address: _____

Home Landline Number: _____ Home Mobile Number: _____

C: Particulars of Mother

Name: _____ Profession: _____

Business Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____

D: Particulars of Father

Name: _____ Profession: _____

Business Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____

E: Medical Information Child's

Doctor: _____ Clinic/Hospital: _____

Address: _____

Office Number: _____ Mobile Number: _____

Email Address: _____

Relevant medical caution: _____

F: In the case that parents reside abroad

Name of Guardian: _____ Profession: _____

Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____.

Who is responsible for paying the child's tuition fees? _____

What is the relationship between your child and this guardian (Uncle, Aunt, and Cousin – (Please give details):

G: In the case of an emergency

Person to contact: _____ Primary Telephone No: _____

Other Telephone Contact: _____

H: Academic Information (Please attach copies of your child's previous academic report For Continuing Students)

Name of former school: _____

Address: _____

Daytime Phone: _____ Other Phone: _____

Reason for leaving previous school: _____

What is your child's first language? _____

I: For children with special needs

Are you aware that your child has any special academic or social needs (yes or no)? _____ If yes, what is the name of child's condition?

_____ Please give details:

Precautions to be taken: _____

J: Signatures

Mother's Names _____

Contact _____

Signature _____

Father's Names _____

Contact _____

Signature _____

Guardian's Names _____

Contact _____

Signature _____