

House 1 Tenywa Road Off Mulungo Road, Munyonyo Kampala Uganda.

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	Middle Name: Preferred Name for School:
	Religion: Proposed term of entry:
	□Earth Years. □Grade-1. □Grade-2 □Grade-3
□Grade-4 □Grade-5 □Grad	de-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 Mothe	er
Name:	Profession:
Business Address:	
Business Telephone:	Mobile No:
Email Address:	
D: Particulars of Fathe	er
Name:	Profession:
Business Address:	
Business Telephone:	Mobile No:
Email Address:	

E: Medical Information Child's	
Doctor:	Clinic/Hospital:
Address:	
Office Number:	Mobile Number:
	·
	·
F: In the case that p	parents reside abroad
Name of Guardian:	Profession:
Address:	
Business Telephone:	Mobile No:
Email Address:	·
What is the relationship b Cousin – (Please give deta	ying the child's tuition fees? etween your child and this guardian (Uncle, Aunt, and iils):
G: In the case of an	
Person to contact:	Primary Telephone No:
Other Telephone Contact:	
	nation (Please attach copies of your child's report For Continuing Students)
Name of former school:	
Address:	-
Daytime Phone:	Other Phone:
Reason for leaving previou	us 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