Christ The King Nursery and Primary School Kiyuni

APPLICATION FOR ADMISSION

PLEASE WRITE IN BLOCK LETTERS

Information of Student and Previous Schools Attendended

Applying to Grade _____School Year _____ Application Date_____

Name of student – First _____ Middle _____ Surename _____

Name Student is Called by_____ Gender M _____ F _____

Date of Birth (dd/mm/yy) _____ Country of Birth _____Nationality_____

Other Nationalities Held_____ Language Spoken at Home_____

Physical Home Address of Student_____

Date of Student's Arrival in School _____ Expected Date of Student Starting School _____

English Language Proficiency – Spoken Fluent _____ Good _____ Basic ____ None_____

English Language Proficiency – Written Fluent _____ Good _____ Basic _____ None _____

Does the student have Special Educational or Physical Needs – if yes, Please Describe?

_____

_____

_____

1. Name of Previous School Attended _____

E-mail Address _____

Physical Address of School _____Telephone _____

From Grade/Year _____ To Grade/ Year _____

2. Name of Previous School Attended _____

E-mail Address _____

Physical Address of School _____Telephone _____

From Grade/Year _____ To Grade/ Year _____

Does your Employer pay Tuition Fees- Yes _____ No _____

Does your Employer Reimburse a Percentage of the Tuition Fees, if Yes, state Percentage_____

Do you have other children enrolled at the ISU, if yes state Names and Grades_____

_____

Do you have other children you may consider enrolling at ISU in the future? If yes, please provide date of birth;

_____

Christ The King Nursery and Primary School Kiyuni

Information on Father or Legal Guardian

Name of Father or Legal Guardian _____ Nationality _____

Home Telephone _____ Mobile Telephone _____

Preferred E-mail Address for Correspondence _____

Physical Home Address in Uganda _____

Job position _____ Name of Organisation _____

Physical Office Address in Uganda _____

Office Telephone _____

Information on Mother or Legal Guardian

Name of Mother or Legal Guardian _____ Nationality _____

Home Telephone _____ Mobile Telephone _____

Preferred E-mail Address for Correspondence _____

Physical Home Address in Uganda _____

Job position _____ Name of Organisation _____

Physical Office Address in Uganda _____

Office Telephone _____

If Student Does Not Live With Parent or Legal Guardian

Name of Adult _____Relationship to Student _____

Mobile Telephone_____ E-Mail Address _____

School Regulations

1. Each student admitted to CTKNP must have a parent or guardian (as designated in writing in English by the parents or legal guardian) residing in Kampala taking full responsibility for the student's welfare. If parents are absent from home overnight or longer, a temporary adult guardian will stay with the student and take responsibility for the student's day to day welfare. Please submit all notices of temporary guardianship as well as updates on your address and telephone numbers to the school registrar.

I hereby submit my true and complete application for admission of the student to The International School of Uganda in accordance with the terms, rules and regulations of the school.

Name _____ Signature _____ Date _____