



## KAMPALA KINDERGARTEN ASSOCIATION

P.O.Box 2823, Kampala Tel: 0414-342887, Email: [kampalakindergarten@yahoo.com](mailto:kampalakindergarten@yahoo.com)

### APPLICATION FOR ADMISSION

Complete this **Form** in **BLOCK LETTERS** and return it to the office with a **copy of the Child's Birth and Immunization Certificates** with **2 Passport Size Photographs** attached.

Name of Child (First Name)..... Surname: ..... Sex: .....

Date of Birth: ..... Nationality: ..... Religion: .....

Child's Previous School (If any)

1.....from.....to.....

2.....from.....to.....

Disability or Health Problem (If any)

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### PARTICULARS OF OTHER CHILDREN (STATE IF FIRST BORN)

| Name   | Schools Presently Attending | Age   |
|--------|-----------------------------|-------|
| 1..... | .....                       | ..... |
| 2..... | .....                       | ..... |
| 3..... | .....                       | ..... |

Have any of your children attended Kampala Kindergarten?

Specify (Period).....  
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### PARTICULARS OF PARENTS

Father's Name: .....

Profession (Specify Details).....

Place of Work (Shop/Company/Place).....

Address: ..... Tel: ..... Email: .....

Mother's Name: .....

Profession (Specify Details).....

Place of Work (Shop/Company/Place).....

Address: ..... Tel: ..... Email: .....

Area of Residence (L.C 1).....Street/Plot No: .....

Home Tel: .....

Emergency Contact (Name) ..... Tel: .....

When do you want the child to begin? .....

I hereby undertake to observe the rules and regulations laid down by the school and to pay the school fees promptly plus any additional expenses.

I certify that the foregoing particulars are correct.

Signature of the Applicant: ..... Date: .....

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### FOR OFFICIAL USE ONLY

Head Teacher's Comment: .....

Signature: ..... Date: .....