



KAMPALA KINDERGARTEN ASSOCIATION

P.O.Box 2823, Kampala Tel: 0414-342887, Email: 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)

.....

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).....

.....

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:

FOR OFFICIAL USE ONLY

Head Teacher's Comment:

Signature: Date: