

THE FOUNT SCHOOL

Plot 192, Nduuru Rise (off Nadduli Road)
Bbunga Hill, Ggaba Road
P.O. Box 34585 – KAMPALA
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PRIMARY SCHOOL APPLICATION FORM

Please complete each section in BLOCK LETTERS using BLUE Ink

Section 1: CHILD'S PERSONAL DETAILS

Name of Child				
Date of Birth		Country of Birth		
Nationality		Male		Female
Residential Address				
Residential Telephone				

Name and dates of birth of any sibling(s):

Language proficiency:

I can speak			
I can write			

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____

Extra-Curricular Activity(ies) _____ (Learners **MUST** have at least 1 activity besides swimming))

Name(s) of school(s) attended in the past and dates of attendance (Kindly provide supporting academic documents):

Name of School (And City/Country)	Level	From	To

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

List of inoculations the child has had (Tick & attach card where applicable): Measles (); BCG(); Polio(); Hepatitis() MMR(); DPT()

Please provide information if your child has any health problem(s) – allergies, medications or conditions requiring special attention:

Dietary requirements: _____

Child's doctor: _____ Phone: _____

Child's dentist: _____ Phone: _____

Preferred hospital: _____ Phone: _____

Hospital Address: _____

Emergency contact 1: _____

Phone(s): _____ Relation: _____

Emergency contact 2: _____

Phone(s): _____ Relation: _____

Travel/ Health Insurance provider: _____

Phone(s): _____ Policy: _____

Insured name and ID: _____

Section 4: PARENT / GUARDIAN DATA

Father's Name			
Profession		Designation	
Organization			
Office Address			
Mobile No.		Office Tel:	
Email:			

Mother's Name			
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Profession		Designation	
Organization			
Office Address			
Mobile No.		Office Tel:	
Email:			

Name, Phone number and relationship of person, other than the child's guardians authorised to pick child:

Section 5: DECLARATION

I/We confirm that, to the best of my/our knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

I/We authorize any licensed physician, dentist or hospital to give my child, _____, born _____, all necessary emergency medical services.

Signature of Parent/ Guardian

Date

Signatory's Name

Relation to the child

Section 6: ADMISSION PROCEDURE

1. The completed application form along with a signed contract, past academic records, the copies of birth and health certificates, copies of child's identification, 1 passport size photograph and 1 full-length photograph of the child, copy of parent's/guardian's identification and the registration fee (non-refundable) must be submitted to the school office.
2. After the application form has been processed, a date is given for applicant's interview.
3. Parents are informed of the outcome within one week of the test date. If a place is offered, the child's admission / enrolment must be confirmed within three days and all dues paid before the child's first day of school.
4. If, within three days admission is not confirmed, the child's place is offered to another candidate.

FOR OFFICE USE ONLY

Child Interviews by: _____ Admission Fee Paid On: _____

Parent/Carer Interviewed by: _____ Admission Fee: _____

1 Passport size photo provided: Tuition Fee: _____

1 full-length photo provided: Meals: _____

Copy of birth certificate: Uniform Set: _____

Copy of immunisation card: Diagnostic test: _____

Child's passport/Nin: Extra-curricular(s): _____

Signed Code of Conduct: School event: _____

Signed Contract: Other(s): _____

Parent's passport/Nin: Total Payment made: _____

Past academic records:

Accepted: Rejected:

Form Checked by: _____

Reason for rejection:

Accountant (Name & Sign)

Head of School (Name & Sign)