



THE FOUNT SCHOOL

Plot 192 Nduuru Rise (off Nadduli Road)
 Bbunga Hill, Ggaba Road
 P.O. Box 34585 – KAMPALA
 Phone: +256 705 288339, +256 762 740644
 Email: thefountsch@gmail.com



EYFS Application Form

Please complete each section in **BLOCK LETTERS** using **BLUE Ink**

Section 1: CHILD'S PERSONAL DETAILS

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

Name and dates of birth of any brother(s)/sister(s)

Language(s) commonly spoken at home: (1): _____ (2): _____

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____ Extra-Curricular Activity _____ (Learners aged 3+ years **MUST** have at least 1 activity)

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	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 _____

Address: _____

Emergency contact 1: _____

Phone(s): _____ Relation: _____

Emergency contact 2: _____

Phone(s): _____ Relation: _____

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			
Profession			
Organization			
Office Address			
Mobile No.		Office Tel:	
Email:			

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

Section 5: DECLARATION

I/We confirm that, to the best of my 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/our child all necessary emergency medical services.

Signature of Parent/ Guardian

Date

Signatory's Name: _____

Signatory's Relation with the Child: _____

Section 6: ADMISSION PROCEDURE

1. The completed application form along with a signed contract, past academic records (for transferring learners), the copies of birth and health records (cards), copies of child's identification, 21 passport size photograph and 1 full-length photograph of the child, copy of parent's/guardian's identification and the admission/registration fee (non-refundable) must be submitted to the school office.
2. After the admission form has been processed, a date is given for applicant's assessment.
3. Parents are informed of the outcome within one week of the test date. If a place is offered, the child's admission /registration must be confirmed and all dues paid within 1 week of date of offer.
4. If, within three days, enrolment 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: _____

Accountant (Name & Sign)

Signature of Head of School