



Lubbobo Close, Muyenga.

P.O.Box 731,

Kampala – Uganda.

Tel: +256.414.501.697; Mob: +256.705.052.089

bskampala@hotmail.com | <http://www.bskampala.com>

APPLICATION FORM

A: Details of Pupil

First Name: _____ Middle Name: _____

Surname: _____ Preferred Name for School: _____

Sex: _____ Date of Birth: _____ Religion: _____

Nationality: _____ Proposed term of entry: _____

Entry Class (tick one option): -Year 1. -Year 2. -Year 3. -Year 4. -Year 5. -Year 6. -

Year 7. -Year 8. -Year 9. -Year 10. -Year 11. -Year 12. -Year 13.

B: Home Address and Contacts

Home Address: _____

Home Landline Number: _____ Home Mobile Number: _____

C: Particulars of Mother

Name: _____ Profession: _____

Business Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____

D: Particulars of Father

Name: _____ Profession: _____

Business Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____

E: Medical Information

Child's Doctor: _____ Clinic/Hospital: _____

Address: _____

Office Number: _____ Mobile Number: _____

Email Address: _____

Relevant medical caution: _____

F: In the case that parents reside abroad

Name of Guardian: _____ Profession: _____

Address: _____

Business Telephone: _____ Mobile No: _____

Email Address: _____

Who is responsible for paying the child's tuition fees? _____

What is the relationship between your child and this guardian (Uncle, Aunt, and Cousin –

(Please give details): _____

G: In the case of an emergency

Person to contact: _____ Primary Telephone No: _____

Other Telephone Contact: _____

Please draw a detailed map in the space provided below in case it is necessary to find your home in the case of an emergency

PLEASE STAY WITHIN THE BOARDERS

H: Academic Information

(Please attach copies of your child's previous academic reports over the last 12 months)

Name of former school: _____

Address: _____

Daytime Phone: _____ Other Phone: _____

Date of joining previous school: _____ Date of leaving previous school: _____

Reason for leaving previous school: _____

What is your child's first language? _____

I: For children with special needs

Are you aware that your child has any special academic or social needs (yes or no)? _____

If yes, what is the name of child's condition? _____

Please give details: _____

Precautions to be taken: _____

J: Other Information

Does your child have any sibling enrolled at British School of Kampala (yes or no)? _____

If so, who? _____

How did you come to know about British School of Kampala? _____

K: Signatures

Name of person applying for a vacancy for the above named child: _____

Telephone: _____ Signature: _____