



CITY PARENTS' SCHOOL

P. O. BOX 26811, KAMPALA

Tel: 0414 270 309 / 0414 274 400 or Email: cparentsschool@yahoo.com

APPLICATION FORM FOR NEW ENTRANTS

CLASS _____ ACADEMIC YEAR _____ TERM _____

(Please note that there is strictly no admission to Primary 7)

This form should be filled in BLOCK letters. It should be returned on the interview date with all the attachments as listed below:

- A. A photocopy of the Birth Certificate or Immunization Health Card
- B. Photocopies of the last two school term reports, if the child has been in school before.

CHILD'S DETAILS:

1. Name of Child
 - a) Surname(s) _____
 - b) Other Name(s) _____
 1. Date of Birth _____
 2. Name of Father _____ Occupation _____
 3. Name of Mother _____ Occupation _____
 4. Name of Guardian, if applicable _____ Occupation _____
 5. Contact: Physical Residence _____
Tel/Mob. _____
 6. Name(s) of school(s) the child has so far attended:
 - i. _____ Class _____ Contact _____
 - ii. _____ Class _____ Contact _____
 - iii. _____ Class _____ Contact _____
 7. Number of siblings the child has: Brothers _____
Sisters _____
 8. Does your child have any medical or physical complication(s)? (Yes/No) _____
If Yes, please explain briefly (Attach a medical report in support to this effect).

 9. Does your child have any allergy(s)? (Yes/No) _____
If Yes, please state (Attach a medical report in support to this effect).

 10. State clearly any food(s)/drink(s) that your child does not take (Attach a medical report in support to this effect). _____
 11. Would you like your child registered for day care services? (Yes/No) _____
(Day care services are from 12:45 pm to 4:45 pm on week days during the school term)
 12. Referees (should be Parents of this school)
 - a) _____ Name of Child _____ Class _____
 - b) _____ Name of Child _____ Class _____
- Proposed interview date _____ Time _____

13. Interviewer's Name: _____ Sign: _____

