EMMA HIGH SCHOOL

The Skilling Academy

Plot 473 Bahai Road P.O.Box 16495, Kampala-Uganda

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APPLICATION FORM

1. STUDENTS DETAILS

Surname……..first name…….

Class applied for……..Sex……PLE/UCE Index:……

Date of birth: ……District of birth:……..

Nationality:……Religion……..

Child's NIN:……..

Day Section……Boarding Section……

SCHOOL RECOMMENDATION

Recommended By: Contact Physical Address

_____ _____ _____

2. PREVIOUS SCHOOL(S) ATTENDED

Most recent school ……..Class……Year……...

Year of sitting P.L.E …… INDEX No. …….. Results…….

Year of sitting U.C.E …… INDEX No. …….. Results ……

Learner Identification Number (LIN)…….

3. CHILD'S TRANSPORT TO SCHOOL (Day Section)

(a) School Van (b) Public Transport (c) On Foot

4. DOES THE CHILD HAVE ANY HEALTH PROBLEMS?

Give details

……

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5. DOES YOUR CHILD HAVE ANY WEAKNESSES IN HIS/HER STUDIES WHICH YOU WANT THE SCHOOL TO KNOW?

Explain.

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6. PARTICULARS OF PARENT/GUARDIAN

(a) Status (tick where applicable) Guardian _____/ Parent_____

(b) Name of the Guardian/Parent ……...

(c) Area of residence/Address……

(d) Nationality ……..Religion……

(e) Telephone (residence)……..(Office)……

(f) E – mail…….

(g) National Identity (NIN)…….

7. OTHER INFORMATION

Names of persons/Doctor/Clinic to be contacted in case of emergency.

(a) Name……relation with the Child……

(b) Physical address……

(c) Telephone……..(Residence)……(Mobile)……..

(d) Doctor's name and address……...

8. DECLARATION BY THE PARENT/GUARDIAN

I ……..hereby declare that the details given above are true and complete and I promise to pay the school fees and any other dues that may be levied.

Signed by ……..Parent/Guardian. Date……..