

Project International School

Admission Form

Please complete this form and return it to the school office

STUDENTS

PASSPORT

STUDENT INFORMATION

Student's Details	Surname	Middle name	First name
Date of birth	Date/month/year	Gender	Age:
Country of birth			
Nationality			
Mother tongue			
Other languages spoken			
Siblings in school			

Class to which admission is sought.

FATHER/GUARDIAN INFORMATION

Surname	Middle name	First name
Fathers Nationality		
Fathers Mobile Number 1	Mobile Number 2	Office Number
		Residence
Fathers e-mail address	Alternative email	
Father's Occupation	Place of work	Name and Address of Employer
Current physical Address in Uganda	Village	Plot No./Street/ Road / Zone

MOTHER/GUARDIAN INFORMATION

Surname		Middle name	First name
Mothers Nationality			
Mothers Mobile Number 1	Mobile Number 2	Office Number	Residence
Mothers e-mail address:		Alternative mail	
Mother's Occupation	Place of work	Name and Address of Employer	
Current physical Address in Uganda	Village	plot no./street/ road / zone	
GUARDIAN INFORMATION			
Surname		Middle name	First name
Nationality			
Guardians Mobile Number 1	Mobile Number 2	Office Number	Residence Number
Guardians e-mail address	Alternative mail		
Occupation	Place of Work	Name and Address of Employer	
Current physical Address in Uganda	Village	plot no./street/ road / zone	
If non Ugandans, How long do you as parents or guardians expect to stay in Uganda?			
Name of individual or employer responsible for paying the child's fees		(Self or Company)	
Does your Employer Reimburse a Percentage of the Tuition Fees,		if Yes state Percentage	
Do you have other children you may consider enrolling at Grace Project School in the future?		If yes, please provide date of birth:	

EMERGENCY CONTACTS(alternative, if unable to contact parents)

Full Name	Mobile Number	Relationship to the child
Alternative 1		
Alternative 2		
Alternative 3		

PEOPLE AUTHORIZED TO COLLECT PUPILS ON PARENT'S BEHALF			
	Full name	Tel. Number(s)	Relationship to the child
Person 1			
Person 2			
Person 3			
<i>Please introduce the above people to the class teacher and at the school office whenever they will come to pick up your child</i>			

EDUCATIONAL DETAILS	
Child's level of English (please tick)	
None	
Understands a little	
Good level (written & spoken)	
Fluent	
Does your child have any special educational needs? YES/ NO If yes, please give details.	

SCHOOL HISTORY (IF APPLICABLE)

Name of School	Country	Curriculum	Main language of instruction
1.			
2.			
3.			

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS

Required documents	Please tick on submission to the office
Child's passport photograph (1)	
Copy of child's passport and birth certificate	
Copies of parents' passports/National IDs	
Copy of previous school report (if applicable)	
Copy of vaccination card(for children below 5yrs)	

Parental consent form for the use of photos and videos of children

I/we, (name(s)).....he parent(s)/guardian(s)

of: (child's full

name)..... hereby

give Grace Project International School permission to use any still and/or moving images being video footage, photographs and/or audio footage depicting my child named above, taken by the school for any of the following uses:

- Print and digital advertisements, promotional materials, or any other use such as for training, educational or publicity purposes.

The above consent will apply throughout our stay with the school.

Parent/Guardian's Name

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Signed.....**Date**.....

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