



Passport
Photograph

Father

Passport
photograph

Mother

Passport
photograph

Child

KAMPALA PREPARATORY SCHOOL

Located in Kitebi-Bunamwaya along Wankulukuku Rd, P.O. Box 6621 Kampala

Tel: 0708 810000 / 0772412743

www.kps.ug

Application Form

Applicant's Name: _____

Class : _____

Admission No. _____

Application Information

| | | | |
|---|-------------------------|--|--|
| <i>Last Name</i> | | <i>First Name</i> | <i>Middle Name(s)</i> |
| <i>DOB (Day, Month, Year)</i> | | <i>Age of Entry</i> | <i>Gender (please tick)</i> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| <i>Applying for Class</i> | | <i>Academic Term</i> | |
| <i>Religion</i> | | <i>Nationality</i> | |
| <i>Principal Language Spoken at Home</i> | | <i>Language of instruction at present school</i> | |
| <i>Present School</i> | | <i>Address of Present School</i> | |
| <i>Headteacher's Name at Present School</i> | | <i>Reason for leaving Present School</i> | |
| <i>Curriculum Taught at Present School</i> | | | |
| <i>Does your child have any medical or psychological conditions? Please fill Medical form annexed or attach relevant documentation.</i> | | | |
| Family Information | Father /Guardian | | Mother/Guardian |
| <i>Surname</i> | | | |
| <i>First name, Middle initial</i> | | | |
| <i>Mr./Mrs./Ms./Dr.</i> | | | |
| <i>Residence</i> | | | |
| <i>Home Phone</i> | | | |
| <i>Cell Phone</i> | | | |
| <i>Home Email</i> | | | |
| <i>Business Email</i> | | | |
| <i>Occupation</i> | | | |
| <i>Employer/Self Employed</i> | | | |
| <i>Employer's Address</i> | | | |
| <i>Business Phone</i> | | | |

Sibling Information (aged 16 and under)

| | Sibling | Sibling | Sibling |
|----------------|---------|---------|---------|
| Name | | | |
| Age | | | |
| Gender | | | |
| Current School | | | |
| Grade | | | |

Please indicate how you came to hear about KPS Kitebi

| | | | |
|------------|----------------------------|-----------|---------|
| KPS Parent | Our social media platforms | Banner | Website |
| KPS Launch | TV | Promotion | Other |

Reasons for Applying to KPS Kitebi

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Please list in chronological order (beginning with most recent) all school attended, and attach copies of reports received.

| Dates (from to) | Name of School | City & Country | Level Completed | Reason for change |
|-----------------|----------------|----------------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Language skills: Please evaluate the level of proficiency of all languages spoken by your child. Also indicate which languages are spoken at home.

Mother Tongue: _____

Also spoken at home _____

| | Excellent | Good | Poor | Not spoken |
|---------|-----------|------|------|------------|
| English | | | | |
| French | | | | |
| Swahili | | | | |
| Luganda | | | | |

Other language (specify):

| Language | Excellent | Good | Poor |
|----------|-----------|------|------|
| | | | |
| | | | |

Please indicate any special circumstances the school/teacher should be aware of, for example particular problems in certain subjects, special abilities (talents) etc.

Application Checklists:

Copy of last Term's Report Cards

3 passport size photographs

Evidence of Vaccination

Copy of birth certificate or Immunization card.

Declaration (To be signed by Parent/Guardian)

1. We acknowledge that this application does not automatically admit the applicant to Kampala Preparatory School, Kitebi. Academic transcripts, interviews and testing records are taken into consideration. Kampala Preparatory School, Kitebi reserves the right to make a final decision. Any falsified or withholding of information may constitute in a withdrawal of the student.
2. We acknowledge that, should this application be accepted our child and we (his /her parents or guardians), undertake to abide by the policies and regulations of the Kampala Preparatory School Kitebi and we understand that in serious instances of infraction, e.g. damage to school property, bodily harm to another student/teacher, our child may be asked to leave the school.
3. We acknowledge that, upon acceptance, we agree to pay the applicable entrance fee and abide by the billing options outlined in the fees schedule. **If a student wishes to withdraw from the school, a full term's notice of withdrawal must be given or in lieu of a notice pay of one term's fees to the school.**
4. We acknowledge that the school will take reasonable care and exercise due diligence within its premises and during school activities and will bear no responsibility should the applicant exercise any reckless and/or careless behavior that may endanger his/her safety and others around and as such cause harm or injury to himself/herself and others.
5. We declare that all previous medical psychological histories are correctly reported on the Admission Form.
6. On leaving the school, students should return text books and any school property they might have borrowed during their stay in the school.

Signature (Parent/Guardian): _____

Date: _____

PARENTAL/GUARDIAN AUTHORISATION

I _____ (Parent's name), fully understand that Kampala Preparatory School will have organized trips, outings and school activities and I consent to my child being transported in the school vehicle or taken on public transport under the charge of the school for these trips, outings and school activities. The school will take all the necessary precautions to ensure any child's safety while travelling to and from these trips, outings and school activities.

I _____ (Parent's name) agree for my child to be photographed whilst at school and for such pictures to be used and displayed in promoting the school, both on paper and the school website.

Signature: _____ Date: _____

HEALTH CARD

IN CASE OF ILLNESS/ACCIDENT/EMERGENCY. PLEASE CALL

Alternative 1 (Full Name) Tel. Mobile: _____

Alternative 2 (Full Name) Tel. Mobile: _____

Please state whether your child suffers from any medical problems that the school should be aware of: _____

—

Please state whether your child has any allergies to medicines and state the medication (s) that your child is allergic to:

Please detail any medications your child takes making it clear whether these are "regular*" or "as required" and whether the child will need to be availed with these medications: Please note that any medication should be handed in to the school office and not in the child's possession.

Please give details of any dietary needs e.g. vegetarian, no beef, gluten or lactose intolerance, etc.

Other relevant information from the parent/guardian/doctor:-

MAP OF LOCATION OF RESIDENCE

We kindly request parents or guardians to draw a map of the location of the child's and Parent/Guardian's current physical address for our information in case of emergency purposes.

Please, include well-known buildings, signs or land marks. This information is confidential and will only be used in case of emergency at the discretion of the Headteacher or Board of Directors.

