ST.GERALD'S ACADEMY MATUGGA
DAY & BOARDING SCHOOL
Learn to love to Learn

P.O.BOX 24917 KAMPALA, Tel: 0788702956/0700370337

***Website*: www.stgeraldsacademy.ac.ug, *e-mail:*admin@stgeraldsacademy.ac.ug**

FOR OFFICIAL USE ONLY

SURNAME:.....

OTHER NAMES:.....

CATEGORY/SECTION.....HOUSE.....

WITNESSED BY:.....

SIGNATURE:.....

CLASS ADMITTED IN.....REGISTRATION NO:.....

ADMITTED BY: .....

TITLE:.....

SIGNATURE:.....

DATE:.....

YEAR:.....

ADMISSION FORM

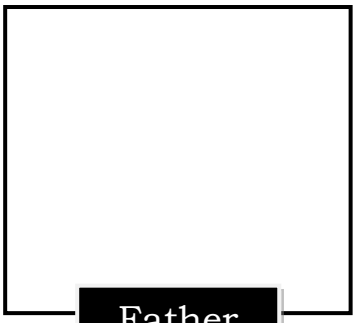
REGISTRATION NO……

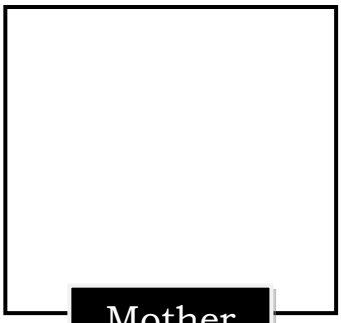
FOR THE YEAR……TERM……

SECTION A (CHILD'S INFORMATION)

1. Surname:……
2. Other name:……
3. Date of birth:……
4. Tribe:……
5. Age:…… Sex:…… Position in family……
6. Religious Denomination:……
7. Class applied for……Section(Day/Boarding):……
8. Former School:……
9. District of:(i)Origin:…… (ii) Residence:……
10. State the clear language(s) to the child:……
11. Has your child been immunized? (Yes or No.)……
12. Child's NIN(National Identification Number):……
13. Has your child got any physical handicap of health abnormality (Yes or No). If Yes, state clearly……
14. Do you have a special doctor for your child? If yes state clearly.
    ……
    ……
15. Which Secondary school would you like your child to join after P.7?
    ……
16. Do you have any other children you know in St. Gerald's Academy or your referee

Name	Relationship:
i. ……	……
ii. ……	……





SECTION A:FOR THE PARENT/GUARDIAN

1. Name of:
   a. Father / Guardian.....
      Tel:..... Residence.....
      Occupation:..... Email:.....
      Home location: Village.....L.C.1 Zone:.....
      Street:..... Plot number (if any).....
   b. Mother:.....
      Tel:..... Residence.....
      Occupation:..... Email:.....
      Home location: Village.....L.C.1 Zone:.....
      Street:..... Plot number (if any).....

(ii)Does the father live together with the mother?.....

   c. Who is the next of kin?
      Name:.....
      Tel:..... Residence.....
      Occupation:..... Email:.....
      Home location: Village.....L.C.1 Zone:.....
      Street:..... Plot number (if any).....
   d. Is there any other person who can be contacted incase of any emergency?
      Name:.....
      Tel:..... Residence.....
      Occupation:..... Email:.....
      Home location: Village.....L.C.1 Zone:.....
      Street:..... Plot number (if any).....
2. Who is responsible for the child?
3. Name:.....
4. Tel:..... Residence.....
5. Occupation:..... Email:.....
6. Home location: Village.....L.C.1 Zone:.....
7. Street:..... Plot number (if any).....

SECTION A:(FOR FOREIGNERS)

1. Country of origin:.....
2. Name any two people in Uganda who can be contacted incase need arises:
   (i) Name.....Tel.....
   Location.....

   (i) Name.....Tel.....
   Location.....

SECTION A:(DECLARATION)

1. Do you have any other information that might be of use to both parties (Yes or No) if yes state clearly.

   .....
   .....

2. I have read and understood the contents of this application form and to the best of my knowledge I have given the correct information.

   Name (in full).....
   Relationship:.....Contact:.....
   Date:.....Signature:.....