CAROLAMB JUNIOR SCHOOL

DAY & BOARDING: DAY CARE, NURSERY & PRIMARY
P.O BOX 2223, KAMPALA: KABAGANDA-KITEEZI
Tel: 0750088646/0769202929/0705025381
Or Email: élelambrose@gmail.com

PHOTO HERE

STUDENT ADMISSION FORM

Form No. :.....

Admission Seeking in ☐ Day Care
☐ Nursery
☐ Primary

To be completed by Parent/ Guardian.

Please use CAPITAL LETTERS to complete the form

Applicant's Personal Details

Student's Name: (First) _____ (Surname)_____(Other)_____

Date of Birth: _____ Gender: ☐ Female ☐ Male
Place of Birth: _____ Nationality: _____
Position of child in family is _____ out of _____ children. No. of children attending school_____
First language: _____ Other Languages Known: _____

Residential Address & Family Information:

Address: Village/ Parish/ Sub-County/ County/ District/ Country:

_____

Any Medical Concern (s):

_____

Father:

Full Name: (First)_____ (Surname)_____ (Other)_____
Occupation: _____ Phone: _____
E-mail: _____

Mother:

Full Name: (First)_____ (Surname)_____ (Other)_____
Occupation: _____ Phone: _____
E-mail: _____

Guardian (If Applicable)

Full Name: (First)_____ (Surname)_____(Other)_____
Occupation: _____ Phone: _____
E-mail: _____

DECLARATION:

I_____ do declare that the information above provided is true to the best of my knowledge. _____ signature.