EMERALD JUNIOR SCHOOL KATENDE

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APPLICATION FORM

(Please use CAPITAL letters)

A.STUDENT INFORMATION

1. FULL NAME OF PUPIL: _____
2. DATE OF BIRTH: _____
3. GENDER: MALE ☐ FEMALE ☐
4. NATIONALITY: _____
5. RELIGION: _____
6. HOME ADDRESS: _____
7. DISTRICT/COUNTY: _____

B. PARENT/GUARDIAN INFORMATION

1. FATHER'S NAME: _____
2. FATHER'S OCCUPATION: _____
   PHONE NUMBER: _____
3. MOTHER'S NAME: _____
4. MOTHER'S OCCUPATION: _____
   PHONE NUMBER: _____
5. GUARDIAN NAME (If not a parent): _____
   RELATIONSHIP: _____
6. HOME ADDRESS: _____

(ATLEAST ONE PARENT'S OR GUARDIAN'S INFORMATION SHOULD BE FILLED)

C. ACADEMIC INFORMATION

1. CLASS FOR APPLICATION: _____
2. PREVIOUS SCHOOL ATTENDED: _____
3. LAST CLASS COMPLETED YEAR: _____

D. HEALTH INFORMATION

1. ANY MEDICAL CONDITION/ALLERGIES: YES ☐ NO ☐ (If YES then specify) _____
2. DISABILITY/SPECIAL NEEDS: YES ☐ NO ☐ (If YES then specify) _____
3. EMERGENCY CONTACT NAME & PHONE NUMBER: _____

E. DOCUMENTS TO ATTACH

- COPY OF BIRTH CERTIFICATE OF CHILD
- 2 PASSPORT-SIZE PHOTOS OF CHILD
- COPY OF PARENT/GUARDIAN NATIONAL ID
- LAST SCHOOL REPORT CARD

F. DECLARATION

I_____ PARENT OF _____ CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT. ANY INCORRECT INFORMATION PROVIDED WILL LEAD TO TERMINATION OF MY APPLICATION. WE HAVE READ ALL THE SCHOOL RULES AND REGULATIONS AND PROMISE TO ABIDE BY THEM.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____

DATE OF APPLICATION: _____