



KAMPALA QUALITY PRIMARY SCHOOL

P.O BOX 26130, KAMPALA

TEL: 0772 513 316, 0393 112 380

APPLICATION FORM

APPLICANTS PARTICULARS (PLEASE FILL IN BLOCK LETTERS)

APPLICATION FOR PRIMARY20.....

(Indicate the class here)

DATE.....NO: LA/AP.....

FULL NAME OF CHILD.....

ATTACH TWO PASSPORT SIZE PHOTOGRAPHS AND BIRTH CERTIFICATE (PHOTOCOPY)

DATE OF BIRTHLIVING WITH

PLACE OF BIRTH.....

NAME OF FATHER/GUARDIAN.....OCCUPATION.....

NO. OF CHILDREN FATHER HAS IN THIS SCHOOL.....

NAME OF MOTHER IN FULLOCCUPATION.....

NO. OF CHILDREN MOTHER HAS IN THIS SCHOOL.....

PARENTHOOD:.....

State: (a) Both parents alive

(b) Mother dead

(c) Father dead

(d) Both dead

RESIDENT OF VILLAGE.....PARISH.....

OFFICE ADDRESS.....PHONE.....

HOME ADDRESSPHONE.....

NAME OF CHILD/CHILDREN IN THIS SCHOOL.....

ANY DISABILITY: _

i) PHYSICAL

SPECIFY:

.....

ii) MENTAL

SPECIFY

.....

CHRONICAL DISEASE

.....

.....

FOR OFFICIAL USE

ADMISSION APPROVED TO CLASS.....APPLICATION NO:.....

DATE OF ADMISSION..... HOUSE.....
BIRTH CERTIFICATE AFFIDAVIT/VERIFIED BY.....
DATE.....