

ST. LAWRENCE JUNIOR SCHOOL KABOWA

P. O. Box 36198, Kampala.

Tel: 0772-420506/0701-420506

E-mail: stlawrencejuniorschool@yahoo.com

APPLICATION FORM ST LAWRENCE JUNIOR SCHOOL-KABOWA

Child's Name in full .		
Date of Birth:	Age :	
Birth place :	Gender :	
Ethnicity:	Passport Number:	
National ID of the parents/guardian(C	Copy to be provided)	
Expected Start Date :	Grade to be entered:	
Local address:		
Identifuing Landmarks :		
Student lives with: Mother F	ather Both Guardian	
FATHER'S INFORMATION	MOTHER'S INFORMATION:	
Father's name :	Mother's name :	
Occupation:	Occupation:	
Designation:	Designation:	
Employer:	Employer:	
Nationality :	Nationality:	
Volunteer interests:	Volunteer interests:	
Postal address:	Postal address:	
Home address :	Home address :	
Contact no. (Office) :	Contact no. (Office):	
Contact no. (Home) :	Contact no. (Home) :	
Mobile Phone:	Mobile Phone:	
E- mail:	E- mail:	

Emergency Contact Information:		
Name:		
Relationship:		
Contact Number (Residence):		
Contact Number (Office):		
Mobile Number:		
Overseas Contact (If relevant):		
• Name:		
Address:		
Country:		
Phone:		
-mail:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE	REPORT CARD	
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name: Address: Classes Attended: From:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name: Address: Classes Attended: From:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name: Address: Classes Attended: To:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name: Address: Classes Attended: To: Is your child allergic to anything: Is your child asthmatic or epileptic?		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE II 1. School Name:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE I 1. School Name:		
PREVIOUS SCHOOL EXPERIENCE: (IF APPLICABLE) KINDLY ATTACH THE II 1. School Name:	YES	NO

How many years has the student studied in a school with english as the first language?				
Describe english language proficiency: fluent	fair poor			
Photographs and videos of school events are posted on the school website regularly. The				
school would like to seek your permission to include your child's photos on our school official				
website and social media sites. Yes	No			
I declare that the above information is correct. I permit my child's full participation in all the activities including religious instruction, which the school includes in its curriculum.				
Signature of Parent :Date:				
CHECK LIST	REQUIRED DOCUMENTS			
Fee structure	Copy of Birth Certificate			
Calendar	Copy of immunization card			
Health Record form	Transcript previous school (If Applicable)			
Brochure	Four Photographs of the child			
	Photos of parents/ guardians			
Admission policy	responsible to pick up the child from school			
How did you come to know about St Lawrence Junior				
School?				
Newspapers Billboards				
Through social media				
Facebook Twitter Instagram				
Through friends and relatives				
Through google search Through word of mouth from others				
Other (please specify)				