## Play Group/Pre-school/Grade 1

## **Application Form**

Child's Name:				
M/F:	Age:	Date of birth:		
Address				
Parent #1/Legal Guardian			. <b></b>	
Cell Phone No:		Email Address:		
Parent #2/Legal Guardian			, <b></b>	
Cell Phone No:		Email Address:	••••	
EMERGENCY CONTACT contact:	S: In case of emergence	cy when parents cannot be contacted, we	e may	
Name:	Rela	ationship to child:		
Cell Phone No:				
Names of people, other than passport size photo id)	parents who may pick u	up your child from school: (please provi	ide a	
Names, ages and relationships	s of other members of	your household:		
Does your child have allergies, or are there foods he/she should not eat for any reason?				
PLEASE CHECK THE APPROPRIATE CLASS TO ENROLL YOUR CHILD IN:				
☐ Age 3 Play Group	☐ Age 4-5 Play Group	p		
Age 5-7 years students will ta 80% is required.	ke the ABCs of ACE I	Reading Readiness Test. Minimum scor	e of	
School Hours $8-2$ p.m. including lunch 5,000 ugx after 2:00 p.m. pick up hour.				
	_	accompanied by the 100,000 ugx, to of your child and a copy of the birt	th	
•	Es Shemen Internationa	ny child is physically and mentally able al School. I understand and agree to the		
Parent/Legal Guardian Signat	ure:	Date:		

## **Scholastic Information**

Previous School atte	ended (1):			
Contact:	Period:			
Reason for leaving:.	,			
Please indicate acad  Excellent □	emic level of stude Good □	ent's previous work by tick	ing one choice below: Poor □	
Signature and Date:				
NB: Kindly attach:				

- One passport size photograph of student
- A photocopy of the Birth Certificate
- A photocopy of the Report Card from the previous school
- A photocopy of the valid passport of the child (for international / non-Ugandan)