

### ES SHEMEN INTERNATIONAL SCHOOL

#### APPLICATION FORM

# **Student Information** Name of Student.... Date of Birth..... Sex..... Age ..... **Parents / Guardians Information** Mother's Name.... Email address. Father's Name..... Mobile Number Email Address ..... Guardian's Name..... Relationship with Student..... Mobile Number ..... Name and phone number of person other than parent in case of an emergency/ Next of kin. Phone contact..... Person(s) authorized to pick up the child other than the one listed. Name.... Mobile Phone number..... **Medical History** Allergies..... Vegetarian/Non vegetarian..... **Hobbies (Student)** Indicate the activities that the student enjoys during the free time .....



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Scholastic Information
Previous School attended (1)
ContactPeriod
Reason for leaving
Has student ever been expelled, dismissed, suspended or refused admission to another school? Please tick the relevant answer.
Yes No
If 'Yes', please explain
Please indicate academic level of student's previous work by ticking one choice below:
Excellent:Good:Average:Poor:
Signature

### **NB:** Kindly attach:

- Two passport size photographs 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)