

KIDS CAMPUS PRIMARY SCHOOL



P.O Box _____ Seeta, Nantabulirwa, Mukono – Uganda)

Tel: +256 752 434 081, +256 759 804 194, +256 785 298 581

Email: kidscampus@gmail.com, Website: www.kidscampus.com

ADMISSION FORM

CHILD'S PERSONAL DETAILS.

Surname: _____

Given name: _____

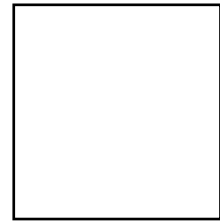
Other Name: _____

Date of birth ____/____/20____

Place of residence/ village/LC1 _____

Class _____

Date: _____



Passport Photo

PARENTS' DETAILS

MOTHER

Mother's name _____

Occupation _____

Phone Number _____

Place of residence/ Village/ LC1 _____

FATHER

Father's name _____

Occupation _____

Phone Number _____

Place of residence/ Village/ LC1 _____

CASE OF EMERGENCY DETAILS

1. Name of guardian _____

Place of residence/ Village/ LC1 _____

Guardian's tel _____

2. Name of guardian _____

Place of residence /Village /LC1 _____

Guardian's tel _____

CHILD'S HEALTH HISTORY

Does your child have any health complication / allergies reoccurrence?

Explain

If yes, what is the first aid given to the child?

PLEASE ATTACH THE FOLLOWING

Passport photo

Child's birth certificate/ immunization card (photo copy)

Other Medical reports from the hospital.
