



Mirembe Junior School

P.O. BOX 71981, Kampala

Tel: 0782 076524

0702 983665

ADMISSION FORM

ATTACH THE
CHILD'S
PHOTOGRAPH
HERE

1. COMPLETE THE FORM USING BLOCK LETTERS

2. ATTACH (2) PASSPORT SIZE PHOTOS OF CHILD AND
COPY OF BIRTH CERTIFICATE

A: CHILD

Child's Name (First Name)(Second Name)

Class

Age Date of birth Sex

Nationality Tribe Religion

Does the child speak and understand English?

Yes ☐ No ☐ A little bit ☐ (Tick the appropriate)

Name of the previous School attended if any

Do you wish your child to enroll for:

Full day ☐ Half day ☐ Boarding ☐ (Tick the appropriate)

B: PARENT/GUARDIAN

Parent ☐ Guardian ☐ (Tick the appropriate)

FATHER

Father's/ Guardian's Name

Place of work

Occupation Telephone No

Nationality

MOTHER

Mother's/Guardian's Name

Place of work

Occupation Telephone No

Nationality

C: FAMILY DOCTOR

Family Doctor's Name Telephone No

Doctor's Clinic Name

D: FAMILY RESIDENCE

Family Residence (Physical Address)

Residence Telephone Number

Any other information about your child, you wish the school to know

Parent's Signature

Date of Entry Head teacher's Signature