



ST. LOUIS PRE & PRIMARY SCHOOL

Plot 2214 Block 395 Akright City - Kakunguru Entebbe Road (Bwebajja)

Tel: +256 (0) 704311288, Mob: +256 (0) 772311288,

Email: st.louispresch@gmail.com

Reg No. _____

STUDENTS APPLICATION FORM

PUPILS DETAILS

Date of application: _____

Name of child : _____

Age: _____ Date of Birth: _____ Gender: Male Female

Nationality _____ Religion _____

Physical Address: _____

Class registered for: _____

Previous school: _____

Please attach the copy the report card of your previous school

PARENT DETAILS

Mother's Name: _____

Occupation: _____ Mobile: _____

Father's name: _____

Occupation: _____ Mobile: _____

SIBLINGS.

Do you have siblings already studying at St.Louis? YES NO

If yes, please complete the following;

Name of sibling (s):

i) _____ Class: _____

ii) _____ Class: _____

EMERGENCY CONTACTS

In an emergency is there any one you wish us to contact?

Name: _____

Relationship to child _____ Phone No: _____

Does the child suffer from any chronic condition? YES NO

What type? _____

Do you wish us to administer paracetamol to your child in an emergency?

Does the child have any allergies?

Are there any particular food requirements or restrictions? Please specify if any.

How did you hear about St. Louis Pre & Primary School?

Please attach photocopies of the birth certificate and photocopy of parents ID card with your application.

Admitted to class _____

Who recommended you to St Louis Pre and Primary school?

Name: _____ Telephone Number _____

Please note: We can only officially confirm that a place is available for your child after receipt of the registration fee. (For new children/parents)

I understand the conditions of entry and will pay all due fees and any additional charges as laid down in our invoice _____

Signed _____ Date _____

Date of Admission: _____ Comments _____

(For official use only)