



# ADMISSION FORM

Kigwa Ridge School gives admission on a 'first come, first serve' basis and therefore acceptance and placement are determined by the available spaces as well as the suitability of our school programme for your child. If there is a waiting list, your child will be placed in order according to the date your application is received.

## ENROLLMENT DETAILS

**APPLICATION FOR ADMISSION INTO CLASS:**

**ACADEMIC YEAR:**

## STUDENT'S INFORMATION

**Full Name:** \_\_\_\_\_  
First Middle Last

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GENDER:**

**NATIONALITY:**

**RELIGION:**

**BLOOD GROUP:**

**NAME OF SCHOOL CURRENTLY ATTENDING:**

**CLASS:**

**REASON FOR LEAVING:**

**FULL RESIDENTIAL ADDRESS:**

**RESIDENCE TELEPHONE/MOBILE NO:**

## PARENTS' / GUARDIANS INFORMATION

**FATHER'S FULL NAME:**

**MOTHER'S FULL NAME:**

**NATIONALITY:**

**NATIONALITY:**

**PROFESSION:**

**PROFESSION:**

**EMPLOYER / BUSINESS NAME & ADDRESS:**

**EMPLOYER / BUSINESS NAME & ADDRESS:**

**ID/PASSPORT NO:**

**ID/PASSPORT NO:**

**BUSINESS TELEPHONE NO:**

**BUSINESS TELEPHONE NO:**

**FATHER'S MOBILE NO:**

**MOTHER'S MOBILE NO:**

**FATHER'S E-MAIL:**

**MOTHER'S EMAIL:**

### GUARDIAN'S/EMERGENCY CONTACT (OTHER THAN PARENT)

**NAME:** \_\_\_\_\_

(First Name)

(Middle Name)

(Family Name)

**MAILING ADDRESS:**

**HOME TELEPHONE NUMBERS:**

**MOBILE TELEPHONE NUMBERS:**

**OFFICE TELEPHONE NUMBERS:**

**E-MAIL ADDRESS:**

**OCCUPATION:**

**DESIGNATION:**

**ORGANISATION:**

### TRANSPORT (See attached Bus Schedule)

Will your child use the school van?

**Yes**

**No**

If yes, which transport zone?

**ZONE 1**

**ZONE 2**

**ZONE 3**

**ZONE 4**

**ZONE 5**

When will the school van be used  
(Check one)

**MORNING  
ONLY**

**AFTERNOON  
ONLY**

**MORNING &  
AFTERNOON**

### MEDICAL INFORMATION

Kindly indicate below any changes in your child's health information as it is essential that the school has updated information about your child's health and medical requirements.

Has there been any change in the medical needs/ condition of your child **Yes**  **No**   
If yes, please indicate details below)

List any updated immunizations for your child below.

### MEDICATION

In the event of your child suffering a high temperature, we will, of course, contact you. Kindly Indicate if you consent to the administration of the following medications to reduce temperature and ease the discomfort? Please note that your child's class teacher will administer the following medication to your child when required. If you do not wish to have any of the listed medication given to your child, kindly check the appropriate box below.



<b>FEVER/PAIN RELIEVERS</b>		<b>STOMACH PAIN / DISCOMFORT</b>	
Paracetamol (Calpol)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Antacid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eno	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the event of a medical emergency, do you consent to your child being transported to the nearest hospital? **Yes**  **No**  If No, which hospital do you wish your child to be transported to?

Kigwa Ridge School does not carry medical insurance for your child. Please list the name/organization which provides medical insurance for your child.

<b>Name of Doctor:</b>	<b>Hospital/Clinic:</b>
<b>Contact Details :</b>	<b>Medical Insurance/Policy Number:</b>

### DECLARATION BY THE PARENTS OR LEGAL GUARDIAN

I/We, \_\_\_\_\_ (Parent/Guardians) of \_\_\_\_\_ (child's name) hereby declare that should admission be granted for our child \_\_\_\_\_

**I/We** FURTHER UNDERTAKE to indemnify and keep indemnified **Kigwa Ridge School** its board, servants and agents against all actions, claims and demands made on account of any personal injury or damage caused or suffered by \_\_\_\_\_ (**child's name**) as a direct or indirect consequence of his/her medical condition while in the care of or at the premises of **Kigwa Ridge School**.

- I hereby agree to give Kigwa Ridge School **one term's notice**, in writing, of my intention to withdraw my child from the school. If I do not give this notice, I will pay **one term's school fees** in lieu of notice.
- I understand that the fees are modified when necessary.
- I will pay full Fees upon admission and thereafter within the first week of every subsequent term, failure to which I understand my child will be excluded from class.
- I understand that the school does not accept responsibility for damaged/lost property.
- I acknowledge having read and understood this document.
- I hereby declare that the details given on this form are true and correct. I further declare that the documents attached are true copies of the originals.

<b>NAME OF PARENT/S:</b>	<b>SIGNATURE</b>	<b>DATE</b>
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### OFFICIAL USE (To be completed by Accounts Department)

<b>STUDENT NUMBER:</b>	<b>CLASS:</b>
<b>TERM FEES:</b>	<b>REGISTRATION FEE:</b>
<b>DISCOUNT:</b>	<b>REASONS FOR DISCOUNT:</b>



## ADMISSION CHECKLIST DOCUMENTS

Admission is considered incomplete without the following compulsory documents

- Completed application Form
- One recent passport size photo – Child
- Copies of both Parents Identity Card/Passport (**where applicable**)
- Copy of Child's Birth Certificate
- Copy of immunization card
- Copy of last academic report(**where applicable**)