

# APPLICATION FORM NURSERY/PRIMARY SECTION

## **APPLICANT'S DETAILS**

Name in full
(CAPITAL LETTERS)
Date of Birth: Age :
Birth place : Gender :Ethnicity : Passport Number (For Non Ugandans): Class to be entered:
Student lives with: Mother Both Guardian
AddressPhone no:
Is applicant joining Day or Boarding Section?? (Boarding starts from p1 and above) Yes(Tick) No(Tick)
Overseas Contact (If applicable):
NameAddress:Email
Previous School Experience: (If Applicable) Kindly Attach The Report Card
Name of the school
AddressFrom:To
How many years has the student studied in a school with English as the first language?
Describe english language proficiency: fluent fair poor
Transport
Will the applicant use the school transport means?
If No(Tick)   If yes (Please write an elaborate description of your exact location)

- Bavaria Schools, Zziru, Kawuku, Entebbe, Uganda.
- P.O.BOX 171908 KLA, UG Block 421, Plot 80, Zziru Kawuku
- +256 87 685 909 +256 782 954 506
  - +256 757 162 763 +256 704 129 394
- Bavaria@bavariaschools.Com
- www.bavariaschools.com

# **Applicant's Health**

	YES	NO
Is your child allergic to anything:		
Is your child asthmatic or epileptic?		
Has your child had academic difficulties?		
Has your child been referred for psychological counseling? or testing?  More details about applicant's health:		

## **Required Documents**

Copy of Birth Certificate

Copy of immunization card

Transcript previous school (If Applicable)

Four Photographs of the child

Photos of parents/ guardians responsible to pick up the child from school

## **PARENT / GUARDIAN DETAILS**

FATHER'S INFORMATION	MOTHER'S INFORMATION:
Father's name :	Mother's name :
Occupation:	Occupation:
Nationality:	Nationality:
Home address :	Home address :
Contact no. (Office):	Contact no. (Office):
Contact no. (Home):	Contact no. (Home):
Mobile Phone:	Mobile Phone:
E- mail:	E- mail:

## **If Guardian**

Full Names:		National ID NIN			
Location	Tel	Email			
Emergency Contact :					
Name	Relat	tionship:	Contact no		
Residence	Employer/Locatio	n/Tel			
I declare that the above information is correct. I permit my child's full participation in all the activities including religious instruction, which the school includes in its curriculum.					
Signature of Parent:			Date:		

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