

Enrolment Form

Academic Year 2014-2015

Date:	Enrolment Fee paid
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Expected Enrolment date for school year :				
PERSONAL INFORMATION				
Name of Pupil				
	(Surname)	(First name)	(Middle Names)	
Place of Birth				
Date of Birth		Age		
Nationality	Gender			
Current Physical Address				
Current Postal Address				
Telephone No: Father	Home	Work	Mobile	Other
Telephone No: Mother	Home	Work	Mobile	Other
E-Mail Address (Father)	Home		Work	
E-Mail Address (Mother)	Home		Work	
Mother tongue of child (main language)				
Other languages spoken				

THE FOLLOWING MUST BE ATTACHED ON SUBMISSION OF A FULLY COMPLETED AND SIGNED ENROLMENT FORM

1. Passport photograph	
2. A copy of passport or birth certificate	
3. A copy of previous school report	
4. School leaving transcript (where applicable)	
5. Vaccination certificates	

PARENT INFORMATION			
Father's Name	(Surname)	(First name)	(Middle Names)
Nationality			
Mother's Name	(Surname)	(First name)	(Middle Names)
Nationality			
Father's Occupation	Name and Address of Employer		
Mother's Occupation	Name and Address of Employer		
How long do you expect to stay in Uganda?			
Address abroad (if any)			

GUARDIAN INFORMATION			
Guardian's Name	(Surname)	(First name)	(Middle Names)
Nationality			
Current Physical Address (if different from above)			
Current Postal Address (if different from above)			
Telephone Nos.	Home	Work	Mobile
E-Mail Address	Work/Home		other
Guardian's Occupation			
Who is responsible for paying the Child's fees?	Name of person	Telephone	Address(if different from above)
Who does the child reside with?	Name of person	Telephone	Address(if different from above)

EDUCATIONAL DETAILS

Name of previous School: _____

Address: _____

Previous class: _____

Reasons for leaving: _____

Does your child have any special educational needs? Yes/ No

If yes, specify _____

Please include any other information relevant to your child's educational background.

SWIMMING LESSONS AUTHORISATION

I, _____ (Parent's name), fully understand that Ambrosoli International School is not liable for any person whatsoever, effected whilst travelling either by foot, car or bus to swimming lessons. Likewise, I will not hold the school liable should any accident or injury occur during the swimming lessons. However, the School has agreed to be vigilant and to take all the necessary precautions to ensure your child's safety while travelling to and from swimming lessons.

I agree to ensure that my child attends all swimming lessons and will provide a medical certificate for any instances of exclusion.

Signature: _____ Date: _____

People authorised to collect pupils on parent's behalf

	Full Name	Tel. Number(s)	Relationship to child
Person 1			
Person 1			
Person 1			

Please introduce above people to the class teacher and at the school office.

SCHOOL RULES & REGULATIONS.

- 1) A non- refundable deposit of US \$ 600 **MUST** be paid prior admission. Application fee paid is offset from this amount.
- 2) The school reserves the right to increase school fees by giving three months notice in writing to all parents.
- 3) School fees once paid are not refundable.
- 4) Parents, carers or guardians need to provide a minimum of 3 months (or a term) notice wherever possible, on their intention to remove their child/ren from school. The school reserves the right to withhold fees paid in advance, should the notice period not be met.

- 5) Should any change occur with respect to contacts details or child information, the school must be made aware of these changes with immediate effect.
- 6) Places are offered to students at the discretion of the school administration.

Declaration

I have read, understood and agreed to abide by the school rules and regulations of Ambrosoli International School as set above.

I do confirm that all the information I have proved to the school is true and correct and I will take responsibility if the same is used by the school in relation to the student.

Name _____

Signed _____

Date _____

MAP OF LOCATION OF RESIDENCE

Due to the lack of road signs and detailed maps of Kampala we request parents or guardians draw a map of the location of the child's and parent's/guardian's current physical address. Please include well-known buildings, signs or landmarks. Please note that this information is confidential and will only be used in case of emergency at the discretion of the Head Teacher or Board of Directors.



HEALTH CARD

Please keep the office updated should any details on this document change.

PERSONAL INFORMATION			
Name of Pupil	(Surname)	(First name)	(Middle Names)
Date of Birth		Age	
Family Doctor		Tel No.	

IN CASE OF ILLNESS/ACCIDENT/EMERGENCY CALL			
Full Name			
Tel. Home		Tel. Office	
Alternative 1			
Full Name			
Tel. Home		Tel. Office	
Alternative 2			
Full Name			
Tel. Home		Tel. Office	

Emergency ambulance is provided by The Surgery (2 Acacia Avenue, Kololo) at \$10 per child per year. Their fully equipped ambulance is on call 24 hours. It is deployed with fully trained medical staff. Their response time to the school is approximately 10-15 minutes. Once at The Surgery any additional admission costs would be borne by the parents.

IMMUNISATION SCHEDULE	
(Please tick which your child has had and attach a photocopy of their chart. Please check that essential vaccinations are up to date)	
I. Immunisations we consider essential for children in school:	2. continued Measles
POLIO	Mumps
DPT (diphtheria pertussis tetanus)	Rubella
Hib (Haemophilus influenza)	Or Combined Measles, Mumps, Rubella MMR

2. Immunisations we recommend for children in school:	Pneumococcal vaccine
Hepatitis B	Rabies
Meningitis ACWY	Typhoid
3. Other vaccinations your child may have had	Hepatitis A
Meningitis C	Yellow fever
BCG (TB)	Rota virus

CLINICAL HISTORY

Does the child suffer from any of the following: (Tick where necessary)

Visual Problems		Hearing Problems		Diabetes	
Febrile convulsions		Epilepsy		Asthma	
Prone to tonsillitis or Otitis media (ear infections)	Heart problems		Kidney infections		
Allergy (specify)	Does your child need an epi-pen?				

Please detail any other medical or surgical problems your child has had or currently suffers from:

*Please detail any medications your child takes making it clear whether these are regular or "as required" and whether the child will need to be given them during school hours: **Please note all medication should be handed in to the school office not given to children to carry in school***

Other relevant information from parent/guardian or doctor including dietary needs e.g., vegetarian, do not eat pork..

Parent/ Guardian Signature	Date
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NB: Please give full details of your child's clinical history. The information in this health card is confidential and will be used only for medical purposes.

The school's policy is to call parents/guardian or alternative contact if your child is ill, to discuss any medical decisions or treatment in the first instance.

MEDICAL AUTHORISATION

In the event that it is not possible to obtain parent/guardian consent in the case of accident or illness of my child, I hereby authorise the school administration to call the ambulance and sign consent for any essential treatment to be commenced. I undertake to be responsible for any costs incurred. In non emergency situations I consent for the school to give first aid and medicate with paracetamol and/or ibuprofen as needed. **Please delete if you do NOT want us to medicate.**

Signature: _____

Date: _____