

Kigo, before L. Victoria Serena Hotel

P.O.BOX: 72397, Kampala Uganda



Tel: +256779083399 / 704083399

Email: info@malaikaschoolug.com

REGISTRATION FORM
STUDENT' INFORMATION (attach photograph)

Full Name:

Date of Birth:

Place of Birth:

Gender:

Nationality:

Main language of communication:

Religion:

PARENT INFORMATION (attach photograph)

Father's Name:

Nationality (NIN): _____ (Ugandan)

Passport No. _____ (Non-Ugandan)

Mobile Number:

Email:

Place of work: _____ Tel. Contact: _____

Mother's Name:

Nationality (NIN): _____ (Ugandan)

Passport No. _____ (Non-Ugandan)

Mobile Number:

Email:

Place of work: _____ Tel. Contact: _____

Guardian's Name:

Nationality:

Mobile Number:

Email:

ANOTHER PERSON AUTHORIZED TO PICK THE CHILD IN CASE PARENTS AND GUARDIANS ARE NOT AVAILABLE (attach photograph)

Nationality (NIN):

_____ (Ugandan)

Passport No. _____ (Non-Ugandan)

Mobile No.

HOME PHYSICAL ADDRESS

District:

Sub-County/Municipality:

L.C.1

NB: Please, take trouble to update the school with any changes in the information provided on the form.

PARENTAL/GUARDIAN AUTHORIZATION

I, _____ (Parent's Name), fully understand that Malaika Kindergarten and Primary School will have organized trips, outings and school activities and I consent to my child being transported in the school vehicle or taken on public transport under the charge of the school for these trips, outings and school activities.

The school will take all necessary precautions to ensure my child's safety while traveling to and from these trips, outings and school activities.

Signature: _____ Date: _____

I, _____ (Parent's name) agree for my child to be photographed whilst at school and for such pictures to be used and displayed in promoting the school, both on paper and on the school website.

Signature: _____ Date: _____

HEALTH RECORD

IN CASE OF ILLNESS/ACCIDENT/EMERGENCY, PLEASE CALL

Alternative 1 (Full name)

Tel. Mobile

Alternative 2 (Full name)

Tel. Mobile

Please state whether your child suffers from any medical problem that the school should be aware of:

Please state whether your child has any allergies to medicines and state the medication (s) that your child is allergic to:

Please state whether your child has any allergies to foods e.g., nuts and if your child needs any anti-allergy medication.

Please detail any medication 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 that all medications should be handed in to the school office not given to the children to carry to school.

Please give detail of any dietary needs e.g., vegetables, no pork, no beef, gluten or lactose intolerance, etc.

Other relevant information from the parent/guardian/doctor:-

MEDICAL AUTHORIZATION

In the event that is not possible to obtain parent/guardian consent in the case of accidents or illness of my child, I hereby authorize the school administration to sign consent for any essential treatment

to be commenced. I undertake to be responsible for any cost incurred. In non-emergency situations I consent for the school to give first aid and medicate with paracetamol and/ or ibuprofen, calpol, cetamol as needed. Please inform the school if your child has any allergy to the mentioned first aid medication.

Parent/Guardian Signature

Date

N.B: Should any change occur with respect to contact details or child information; the school must be made aware of these changes with immediate effect.

DECLARATION

I confirm that all the information I have provided 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.

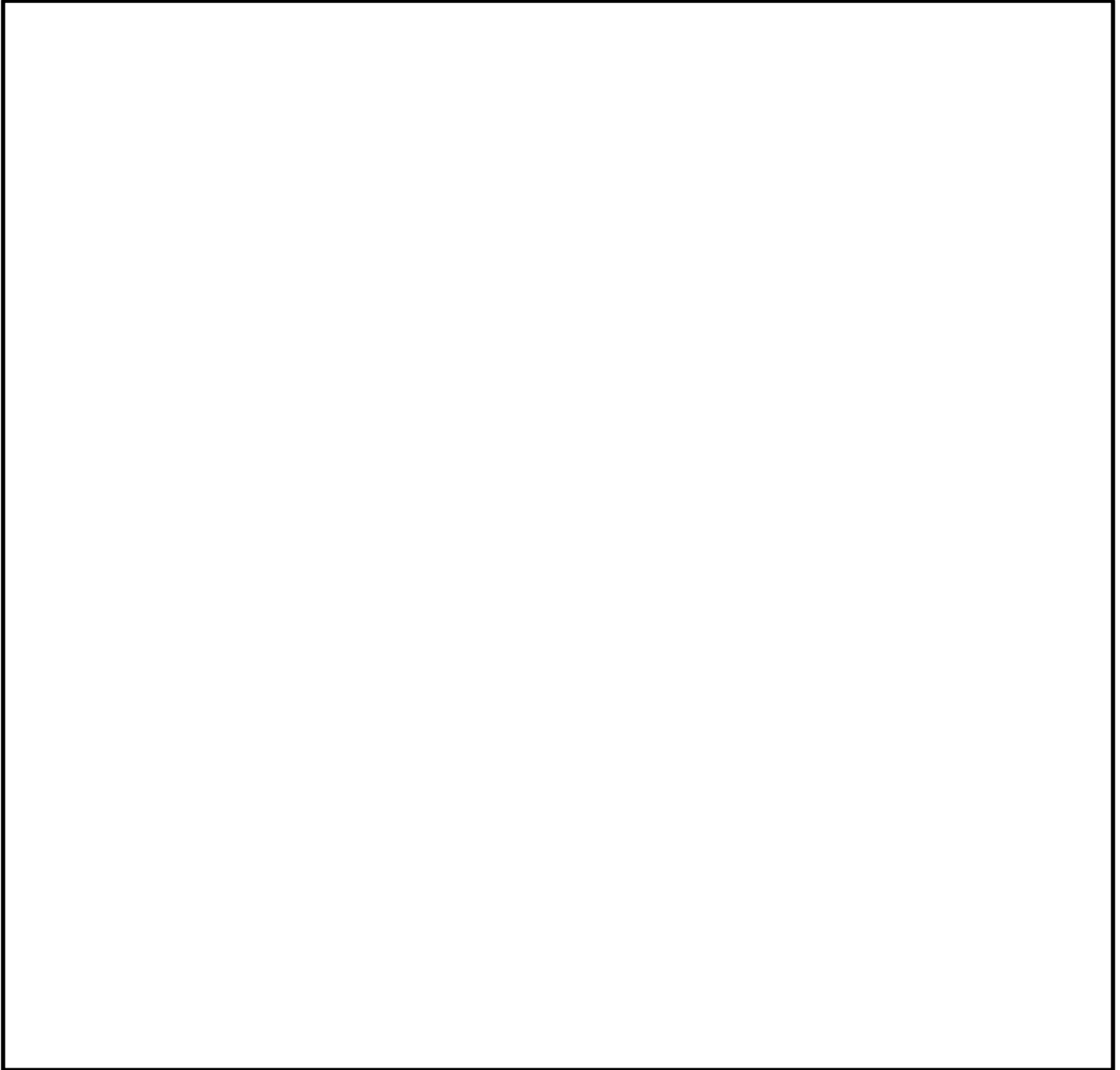
Name: _____

Signed: _____

Date: _____

MAP OF LOCATION OF RESIDENCE

Kindly draw a map of the location of the child's and Parent's/Guardian's current physical address for our information in case of emergency purposes. Please include well-known buildings, signs and landmarks. This information is confidential and will only be used in case of emergency at the discretion of the Head Teacher and Directors.

A large, empty rectangular box with a black border, intended for drawing a map of the residence location. The box is currently blank.