



Ambrosoli International School

Plot 10/12 Binayomba St, (Off Luthuli Ave), Bugolobi
 P.O. Box 10546 KAMPALA (Uganda)
 Tel.: +256 414 220416 OR + 256 392 707055
 e-mail: ambrosoli@ambrosolischool.com
 Website: www.ambrosolischool.com

Date:		Enrolment Fee Paid:		
Expected Enrolment date for SY:				
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
Mother	Home	Work	Mobile	Other
E-Mail Address	Home		Work	
Religion				
Home language				

The following copies of documents to be submitted			
Birth Certificate or Passport	Yes / No	Vaccination Certificate	Yes / No
	Yes / No	Previous School Records	Yes / No

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 Other
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.

Signature: _____

Date: _____

People authorised to collect pupils on parent's behalf

Full Name 1

Full Name 2

Full Name 3

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

SCHOOL RULES & REGULATIONS.

- 1) A non- refundable deposit of US \$ 200 **MUST** accompany any application form for admission.
- 2) The school reserves the right to increase the fees upon giving three months notice in writing.
- 3) The school (Administrator or Headteacher) is required to be informed with updated contact details, in case of change of addresses. The school takes no responsibility for incidents arising for failure to notify it as stated herein.
- 4) School fees once paid are not refundable.

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.



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



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HEALTH CARD

To be filled in by parent/guardian

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 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 5-10 minutes.

Once at The Surgery any additional admission costs would be borne by the parents.

IMMUNISATION SCHEDULE (specify month/year)	
BCG	TETANUS (last booster)
POLIO (last booster)	RUBELLA
DPT3	HEPATITIS A (last booster)
MEASLES	HEPATITIS B (last booster)
YELLOW FEVER	MENINGOCOCCUS
TYPHOID	
OTHER	(ENCLOSE COPY OF IMMUNIZATION CERTIFICATE)

CLINICAL HISTORY

In the past has the child suffered from: (Tick where necessary)

Measles		Scarlet Fever		Febrile Convulsions	
Rubella		Tonsillitis		Whooping Cough	
Mumps		Otitis		Rheumatic Fever	
Renal Diseases		Hepatitis		Chickenpox	
Surgery (specify)					
Other (specify)					

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

Visual Problems		Hearing Problems		Diabetes	
Cardiopathy		Epilepsy		Asthma	
Allergy (specify)					
Other (specify)					

The child is under the following regular medication/profilaxis:

Other relevant information from physician:

Other relevant information from parent/guardian:

Parent/ Guardian Signature	Date

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.

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 file consent for any essential treatment to be commenced. I undertake to be responsible for any costs incurred.

Signature: _____

Date: _____