



Mulago-Kyebando Rd
Off Mawanda Road
Kampala



+256 (782) 556 884
+256 (705) 230 415
creamhillschools@gmail.com



TO FLY ON YOUR OWN

ADMISSION FORM

Please fill in all the required information in clear, readable and bold handwriting

Passport Photos

Child

Mother

Father

CHILDS DETAILS

FULLNAME: _____ CLASS ADMITTED _____

DATE OF BIRTH: ____/____/____ GENDER: ☐ MALE ☐ FEMALE (Tick the childs gender)
DD MM YYYY

NATIONALITY: _____

PREVIOUS SCHOOL(S) ATTENDED

DISTRICT: _____ FORMER CLASS _____ CLASS APPLIED FOR _____

PARENTS INFORMATION

Tick the Current Marital Status

☐ LIVE TOGETHER ☐ SEPARATED ☐ DIVORCED

FATHER

SURNAME:	
FIRST NAME:	
OCCUPATION:	
MOBILE NO.:	
EMAIL ADDRESS:	





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MOTHER

SURNAME:	
FIRST NAME:	
OCCUPATION:	
MOBILE NO.:	
EMAIL ADDRESS:	

NEXT OF KIN

SURNAME:	
FIRST NAME:	
OCCUPATION:	
MOBILE NO.:	
EMAIL ADDRESS:	

RESIDENTIAL AREA

ZONE / VILLAGE : _____ COUNTY / DIVISION: _____
HOME PHONE: _____ MOBILE PHONE: _____
DISTANCE FROM SCHOOL: _____ DISTRICT: _____

CHILD HEALTH

HAS THE CHILD GOT ANY DISABILITIES (IF ANY PLEASE LIST THEM BELOW)

- 1) _____
- 2) _____
- 3) _____

HAS THE CHILD GOT ANY CHRONIC DISEASES (IF ANY PLEASE LIST THEM BELOW)

- 1) _____
- 2) _____
- 3) _____





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TRANSPORT

CATEGORIES OF SCHOLARS: (TICK THE APPORRIATE BOX)

- ☐ BOARDING ☐ DAY
- ☐ COLLECTED AND DROPPED BY SCHOOL BUS
- ☐ COLLECTED BY SCHOOL BUS AND DROPPED BY PARENT
- ☐ DROPPED BY PARENT AND COLLECTED BY SCHOOL BUS
- ☐ OWN MEANS

UNDERTAKING BY PARENT / GUARDIAN

I, _____ FATHER. MOTHER, GUARDIAN OF
_____ JOINING IN _____ CLASS,
DO AGREE THAT ALL THE INFORMATION GIVEN ABOVE IS ACCURATE AND TRUE TO
THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE ____/____/____

N.B:

ATTACH A PHOTOCOPY OF THE PREVIOUS SCHOOL REPORT IF ANY AND A PHOTOCOPY OF THE CHILDS BIRTH CERTIFICATE.

APPLICATION SHALL BECOME INVALID AFTER 7 WORKING DAYS INCASE THE PARENT / GUARDIAN FAILS TO BRING THE CHILD FOR A SET INTERVIEW DATES WHICH SHALL BE COMMUNICATED.

