



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

SURNAME: \_\_\_\_\_ FIRST NAMES \_\_\_\_\_ 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.

