



QUALITY EDUCATION CENTER NURSERY AND PRIMARY SCHOOL

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PUPIL APPLICATION FORM.

Child's Information:

Name: _____ Class: _____
D.O.B: _____ Place of Birth: _____ Sex: male / female
Was the child immunized? _____ Card No. _____
Does the child suffer from any chronic illnesses or allergies? _____
If yes, please specify: _____

Any other health problems or physical disabilities? _____

NOTE: Please, we advise you to endeavor to take the child for a thorough medical examination and avail us with a copy of the same to enable us know how well to handle the child incase he/she requires special attention or incase of emergencies during school hours.

What are some of the child's hobbies? _____

Any other important information about the child: _____

Parent's/Guardian's Information:

Mother's Name: _____ Occupation: _____
Place of Work: _____ Telephone Contact: _____
Father's Name: _____ Occupation: _____
Place of Work: _____ Telephone Contact: _____
Guardian's Name: _____ Occupation: _____
Place of Work: _____ Telephone Contact: _____
Next of Kin: _____ Occupation: _____
Place of Work: _____ Telephone Contact: _____
Home Address: _____ Home Telephone Contact: _____

SCHOOL TYPE(For Nursery) : FULL DAY / HALF DAY/BOARDING

State clearly how the child will be coming back home i.e. collected or by van: _____
If to be collected please, state clearly the name of the person who will be collecting him/her from school:

Please state your relationship with the child: _____

Name: _____ Date: _____
Signature: _____