Scooby Doo International School-Uganda

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How do they do it?

APPLICATION FOR ADMISSION

LEARNER ' S BIO DATA:

Name of child_____ Sex: _____

Date of birth: _____ Age: _____Tribe: _____

Religion: _____ Nationality (ties): _____

Languages spoken: _____

Expected entrance date: _____ Expected length of stay in Ug: _____

EDUCATIONAL INFORMATION:

Name of current school: _____

Telephone number: _____

Name of contact person: _____

Email address: _____

Address of current school: _____

Country of current school: _____

Current class: _____

Class applied for: _____

CHOICE OF PROGRAMME AND TRANSPORT :

Dual curriculum status: ☐ Pure international status: ☐ National curriculum ☐

Half day: ☐ Full day: ☐

Mode of transport to and from school:

On foot: ☐ Bodaboda: ☐ Personal car: ☐ Private transporter: ☐ School van: ☐

Specify two adults who have permission to pick your child from school:

Name: _____ Relationship: _____ Telephone number: _____

Inform the Principal in case of any changes to this information immediately. +256708800006 – administrator@sisu.ac.ug

PARENTS' / GUANDIANS' INFORMATION:

Father's name:	Mother's name:
Father's address:	Mother's address:
Father's telephone numbers:	Mother's telephone number:
Father's email address:	Mother's email address:
Father's place of work:	Mother's place of work:
Father's work telephone number:	Mother's work telephone number:

EMERGENCY CONTACT DETAILS: *(In case parents/ guardians are out of reach)*

Name of person:	Relationship with the child:
Place of residence:	Telephone number:
Place of work:	Email address:

SIBLINGS IN SISU OR IN ANY OF OUR SCHOOLS:

Name:	Age:	Class:	School:
Name:	Age:	Class:	School:
Name:	Age:	Class:	School:

DETAILS OF FAMILY DOCTOR:

Doctor's name:	Doctor's telephone number:
Name of hospital:	Hospital address:

MEDICAL INFORMATION:

Are there any medical/psychological concerns/issues that the school should be aware of? Yes ☐ No ☐

Is your child currently or periodically taking medication? Yes ☐ No ☐

Is there any reason for your child to have restricted physical activity? Yes ☐ No ☐

Does your child have any form of allergy? Yes ☐ No ☐

Does your child have any phobias? (Fear for anything) Yes ☐ No ☐

If you answered "yes" to any of the above questions, please provide additional information / documents/ reports / diagnosis.

_____

_____

_____

_____

DECLARATION:

- I hereby certify that all information and documents provided with this application are accurate, true and complete and understand that provision of faulty or insufficient information can lead to a reversed admissions decision.
- Scooby Doo International School Uganda reserves the right to withdraw an offer of admission or exclude the learner from the school at any future date in the event that the information provided is not accurate or important information regarding the learner has not been disclosed or has been withheld.
- It is school policy to contact the current/previous school of a learner applying to study at the Scooby Doo International School Uganda. By submitting this application form you, are giving permission to the Admissions officer to contact your child's current/previous school.
- By signing below I am agreeing that I have read and will abide by the Scooby Doo International School Uganda Terms and Conditions.

Name of parent: _____ Sign: _____ Date of application _____

FOR OFFICIAL USE ONLY:

Class admitted to: _____ Admission No. _____ Date of admission: _____

Admission requirements received:

Birth certificate / Immunisation card / Passport ☐

Passport photos for: *mother* ☐ *Father* ☐ *Child* ☐

Report card of the previous / current school ☐

A sketch map to the child's home

Other documents: _____