



Little Seeds, Big Dreams

+256 772 586 613 info@mstjuniorschool.ac.ug P.O.Box 5856, Entebbe. Entebbe Rd. Kawuku-Nabukeera Close

APPLICATION FOR ADMISSION TO MST JUNIOR SCHOOL

Pupils' Bio Information:

First Name:	Middle Name:	Surname:
Date of Birth:		Current Age:
Nationality:	Religion:	Gender:

Previous school(s) attended

1	From	To
2	From	To
3	From	To
Please list any allergies the child may have or medical chronic ailments	Any recommended Doctor/Hospital in the neighborhood or is the child insured? (if yes with which company)	

Parent's /Guardian's Information

Relationship:		
First Name:	Middle Name:	Surname:
Nationality:	Occupation:	Employer:
Work number:	Home number:	Cell phone number:
Email:	Residence:	LC zone:



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Father's Information:

First Name:	Middle Name:	Surname:
Nationality:	Occupation:	Employer:
Work number:	Home number:	Cell phone number:
Email:	Residence:	LC zone:

Mother's Information:

First Name:	Middle Name:	Surname:
Nationality:	Occupation:	Employer:
Work number:	Home number:	Cell phone number:
Email:	Residence:	LC zone:

Please list any emergency contacts

Name:	Place of work:	Relationship:	Phone number:
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DECLARATION OF PARENT/GUARDIAN

I _____ hereby declare that the details given above are accurate and that my child and I will observe all school rules and regulations.

Signature: _____ **Date:** _____

(FOR OFFICIAL USE ONLY) REMARKS/DECISION:
