CLEVELAND HILL PRIMARY SCHOOL

KYEBANDO/BUKOTO (ALONG THE NORTHEN BY-PASS P.O.BOX 26451 KAMPALA – UGANDA

Office Lines: +256 789851325/ +256740337087

Website: www.clevelandhillprisch.com E-mail: 2002cleveland@gmail.com

<u>ADMISSION FORM</u>	
Serial No:	
Child's Name	
Class to which Admission is Sought	Year
Date of Birth	
Previous Schools attended and Address (es)
Do you have any other children already o	dmitted in Cleveland Hill P/S? Yes/No
If yes, names:	
Father/Guardian	Mother/Guardian
Residence /Location	Residence /Location
Lc1	Lc1
Sub-county	Sub-county
County	County
District	District
Occupation	Occupation
Office No.	Office No.
Whatsapp Mobile.	Whatsapp Mobile.
Email	Email
Any other persons that can be contacted	in case of emergency.
Name	Mobile No.
Name	Mobile No.
How did you know about the School? (Tid	k): Social Media Radio Friend Tv
	Walk in

Name	Who is responsible for Paying	g School fees?	
Health: (State any special attention due to health, which may be required by the child) I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND TRUE Parent's Name Signature Date PASSPORT PHOTOS CHILD MOTHER FATHER Recommended by Designation: Te!: Date:	Name	Relationship	
I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND TRUE Parent's Name	Occupation	Mobile number	
Parent's Name	Health: (State any special att	ention due to health, which may be requ	uired by the child)
Parent's Name			
Parent's Name			
Signature	I DECLARE THAT THE INFORI	MATION GIVEN ON THIS FORM IS CORR	ECT AND TRUE
PASSPORT PHOTOS MOTHER FATHER Recommended by	Parent's Name		
PASSPORT PHOTOS MOTHER FATHER Retommended by	Signature		
CHILD MOTHER FATHER Recommended by Designation: Tel:	Date		
Recommended by Designation: Tel: Date:	PASSPORT PHOTOS		
Designation:	CHILD	MOTHER	FATHER
Designation:			
Tel: Date:	Recommended by		
Date:	Designation:		
	Tel:	_	
	Date:		
I Ulago as to the coheel for interviews and admission			