

## PEARLWORTH FOUNDATION SCHOOL

### Application Form for Student Admission

Plot 61-63 Nsamizi Road, Division "A" Entebbe, Wakiso District

Website: [pearlworthfoundationschool.com](http://pearlworthfoundationschool.com)  
Email: [pearlworth.educare@gmail.com](mailto:pearlworth.educare@gmail.com)  
Tel: (+256) 771244590 / (+256) 756369925

Pupil's  
Passport Size  
Photo

#### 1) Pupil's Particulars:

1.1 Full Name \_\_\_\_\_

1.2 Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

1.3 Physical Address:  
Cell/Village/ \_\_\_\_\_ Ward/Parish \_\_\_\_\_ Division/Sub-  
County: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

1.4 Nationality: \_\_\_\_\_ NIN No. \_\_\_\_\_ (where applicable)

1.5 Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

1.6 Pupil's primary language of communication: \_\_\_\_\_

1.7 Any other languages spoken: \_\_\_\_\_

1.8 Personal Telephone Contact \_\_\_\_\_ Email: \_\_\_\_\_

#### 2) Particulars of Sponsor & Relationship:

2.1 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation/Nature of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address/Telephone Contact(s): \_\_\_\_\_

#### **2.2 Father's Details:**

First Name: \_\_\_\_\_ Surname/Family Name: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport/NIN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **2.3 Mother's Details:**

First Name: \_\_\_\_\_ Surname/Family Name: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport/NIN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **3) Mailing Address:**

P.O. Box: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Country: \_\_\_\_\_

#### 4) Responsible for School Fees:

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

#### 5) Emergency Contacts:

##### **Emergency Contact 1:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

##### **Emergency Contact 2:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, \_\_\_\_\_, give my full consent that in case of any health emergency pertaining to my child, and if I or the next of kin can't be reached on the phone, a qualified medical personnel may treat my child under my financial responsibility.

**6) Educational Background:**

Name and Address of Current/Most Recent School:

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Number of Years at This School: \_\_\_\_\_

**Entry Level Requested at Pearlworth Foundation School:**

- ☐ Baby (Pre School)   ☐ Middle (Reception)   ☐ Top (Year 1)
- ☐ Primary 1 (Year 2)   ☐ Primary 2 (Year 3)   ☐ Primary 3 (Year 4)
- ☐ Primary 4 (Year 5)   ☐ Primary 5 (Year 6)   ☐ Primary 6 (Year 7)

**Entry requested for:**

- ☐ TERM 1 (February - May)   ☐ TERM 2 (May - August)   ☐ TERM 3 (September - December)

**7) Legal Custody:**

Who has legal custody of the child? \_\_\_\_\_

On what basis is this legal custody? \_\_\_\_\_

**Additional information about visitation or access:**

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**8) Medical History:**

Does your child have any special health needs? ☐ Yes ☐ No

If Yes, please  
explain: \_\_\_\_\_

**This part should be filled if the pupil is known to have any of the following chronic illnesses or medical conditions:**

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> Autism            | <input type="checkbox"/> Behavioral Challenges |
| <input type="checkbox"/> Down Syndrome     | <input type="checkbox"/> Dyslexia              |
| <input type="checkbox"/> Dyscalculia       | <input type="checkbox"/> Epilepsy or Seizures  |
| <input type="checkbox"/> Eye Impairment    | <input type="checkbox"/> Hearing Impairment    |
| <input type="checkbox"/> Heart Disease     | <input type="checkbox"/> Physical Disability   |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other (specify) _____ |

**9) Other Details:**

Student's Primary Language at Home: \_\_\_\_\_

Other Language(s) Spoken: \_\_\_\_\_

**Rate your child's English Proficiency:**

- ☐ Primary Language at Home   ☐ Proficient   ☐ Learner   ☐ Non

Does your child have any special education needs? ☐ Yes ☐ No

Explain if yes: \_\_\_\_\_

Does your child have any special physical needs? ☐ Yes ☐ No

Explain if yes: \_\_\_\_\_

Does your child have any other siblings in the school? ☐ Yes ☐ No

Explain if yes: \_\_\_\_\_

**10) Boarding:**

Are you applying for a boarding place? ☐ Yes ☐ No

**11) Survey:**

**How did you find out about Pearlworth Foundation School?**

- ☐ Sign Board   ☐ Media   ☐ Existing Parent   ☐ Internet   ☐ Teachers   ☐ Events at School   ☐ Friend

**12) Checklist:**

- ☐ Leaving certificate or report from previous school
- ☐ Copy of vaccination/health record
- ☐ Non-refundable registration fee of 50,000 UGX

☐ Copy of birth certificate or passport

☐ Standardized educational test results (if available)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Use Only: \_\_\_\_\_

Date Received: \_\_\_\_\_