## **Boston International School**

Tel

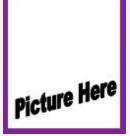
:+256(0)701.994.143 Uganda

+1403-317-1178 Canada

School address: Kampala Uganda

Kansanga Heritage Zone

Web site: www.bostoninternationalschoolcom Email: info@bostoninternationalschool.com



Application for Admission
Please complete each section in BLOCK LETTERS using Black Ink

## Section 1: CHILD'S PERSONAL DETAILS

Nationality:  Male  Female  Address  Parent's Telephone Numbers  Residence  Office:  Name and classes of any brother(s)/sister(s) already attending the school  Language(s) commonly spoken at home: (1):	Nationality:  Male  Female  Address  Parent's Telephone Numbers  Residence  Office:  Jame and classes of any brother(s)/sister(s) already attending the school  anguage(s) commonly spoken at home: (1):	Nationality:  Male  Female  Address  Parent's Telephone Numbers  Residence  Office:  Name and classes of any brother(s)/sister(s) already attending the school  Language(s) commonly spoken at home: (1):	Address  Parent's Telephone Numbers  Residence Office:  Name and classes of any brother(s)/sister(s) already attending the school  Language(s) commonly spoken at home: (1): (2):	Female
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Language(s) commonly spoken at home: (1):(2):  Section 2: ACADEMIC DETAILS	Language(s) commonly spoken at home: (1):(2):		Language(s) commonly spoken at home: (1): (2):	7

Name of School (An	y City/Country)	Class	From	То
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ection 3: PERS	SONALITY AND	NEALIN		
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	of any special aspects			ention:
Please provide informa	ation if your child has	any health problem r		ention:
Please provide informa	ation if your child has	any health problem r		ention:
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Please provide information Allergies:  Section 4: PAR  ather's Name	ation if your child has	any health problem r		ention:
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Allergies: Section 4: PAR ather's Name profession Organization	ation if your child has	any health problem r		ention:

Mother's Name			
Mother's Occupation	Hou	se Wife	Professional
Profession			
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			
for any damage to these		d property, the school can	
Signature of Pai	enty Guaraian		Date
Signatory's Name:			<del></del>
Signatory's Relation wit	h the Child:		

## **Section 6: ADMISSION PROEDURE**

- 1. The completed admission form along with the copies of birth and health certificates, 2 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.
- 2. After the admission has been processed, a date is given for applicant's assessment.
- 3. Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission / enrolment must be confirmed and all dues paid within 5 days of date of offer.
- 4. If, within 5 days, enrolment is not confirmed, the child's place is offered to another candidate.

## **FOR OFFICE USE ONLY**

Form Check By		Registration Fee Paid On:
Birth Certificate Provided	Yes:	Cash
Photograph Provided	Yes:	Or Cheque No:
School Leaving Certificate	Yes:	Admission Fee:
Written Test	Pass: Fail:	Tuition Fee:
Date:		Security Deposit
Child Interviewed By:		Total Cash
Parent Interviewed By:		
Acceptance / Rejection	A R	
		Signature Accountant
Reason For rejection:		
		Signatures of Head of School