

GOOD SAMARITAN SCHOOL FOR THE DEAF –KITENGEESA

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<https://www.goodsamaritanschoolforthe deaf.com>



P.O Box 1868, Masaka, Uganda
Email: gsschooldeafk@gmail.com

Date:

ADMISSION FORM

COMPLETE THIS FORM FULLY

Your Name:

Date of birth: Day.....Month.....Year.....

Home Address: Village..... Parish.....

Sub county.....County.....District.....

Country (if non- Ugandan).....

Parents Name: Father:

Mother:

Guardian:

Parent/ guardian's NIN ID/ Passport No:.....

Marital Status: Single/ Married/ Divorced/ Widowed/ Separated (*Please circle appropriate option*)

Telephone No: Father/ Mother/ guardian.....

Grandparents.....Sister/ brother.....

Aunt/ Uncle.....Email (if applicable).....

Parent or Guardian's Occupation:

Your Religion:

Your tribe:

Who will sponsor you:

Class applying for:

Do you have any hobbies? If yes, Name them.....

.....

Which game do you participate in?

How & when did you become Deaf/ Hard-of –hearing?

Have/did you go for medical checkup? If yes, what where the results?

Do you wear/ have you ever worn hearing aids before? If yes, how did/do they affect you?

Are you in good health or you suffer from any chronic disease? (Yes/ No).....
If you suffer from some disease, what is it?

Where do you get the treatment?

Which medication do you take?

How often do you take the medicine/ tablets?

Do you have any other disability besides being Deaf or hard of hearing? (Yes/No)
If yes, describe it.....

ACADEMIC INFORMATION

Names of schools you have attended

1.
2.
3.
4.
5.
6.

Previous term report results (Term....., Year....., Position/Division.....)

Subject	English	Mathematics	Science	Social Studies	Sign language
Grades					
Other subjects not listed above					
Grades					

I, declare that all the information given above is correct and that I shall be able to verify it when the school authorities request it of time.

Student's Name/ signatureDate:

Guardian/ Parent's Name:

Parent's signature: Date:

Parent's Telephone No:

Parent's Email (If Applicable):