



2 photographs

**KASUMBA NURSERY AND  
PRIMARY SCHOOL**  
P.O. BOX 180, MUBENDE  
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# APPLICATION FORM

Date:...../...../.....

Application Number: KNPS/2016/...../.....  
Section (Pri /Nur) (Number)

Year: 20.....

Full Name of Child: .....

Half day  Full Day  Boarding  (Note: Boarding is for children above 6 years)

### ATTACH TWO PASSPORT SIZE PHOTOGRAPHS, PHOTOCOPIES OF BIRTH CERTIFICATE/ BAPTISM CARD, AND IMMUNISATION CARD

Date of Birth of the Child:...../...../..... Religion: .....  
Class:.....

#### State of Parenthood:

a) Both parents alive  b) Mother dead  c) Father dead  d) Both dead

If both died, Name of Guardian: ..... Occupation: .....

Name of the Father in Full:..... Occupation:.....

Name of the Mother in Full:..... Occupation:.....

LC1:..... Road/Street:..... Parish/Village:.....

Telephone Father: ..... E-mail: .....

Telephone Mother: ..... E-mail: .....

Telephone Guardian:..... E-mail: .....

Name and Tel of next of Kin ( in case of emergency).....

Child allergic to:..... Medical Condition to note:.....

How did you know the school? (Please let us know) Parent  Radio  Old pupil   
Staff  Coordinator  If **Radio** please specify:.....

I AGREE TO ABIDE BY THE RULES AND REGULATIONS IN FORCE IN THE SCHOOL FROM TIME TO TIME. I AM RESPONSIBLE FOR THE BEHAVIOUR OF MY CHILD AND UNDERTAKE TO MAKE GOOD FOR THE DAMAGE CAUSED BY HIM/HER. I ALSO UNDERTAKE TO BE RESPONSIBLE FOR ANY INJURY SUSTAINED BY MY CHILD DURING ACTIVITIES UNDERTAKEN BY THE SCHOOL IN THE INTEREST OF HIS/HER EDUCATION. I UNDERTAKE TO PAY THE SCHOOL DUES BEFORE THE FIRST DAY OF THE TERM. LEGAL ACTION MAY BE TAKEN TO RECOVER OUTSTANDING DUES. RULES AND REGULATIONS LAID DOWN MAY BE ALTERED FROM TIME TO TIME. FEES ONCE PAID WILL NOT BE REFUNDED.

Name:..... .Signed:..... Date:.....