



**MONTANA  
INTERNATIONAL  
SCHOOL.**

**PLEASE ATTACH 2  
COPIES OF YOUR  
CHILD'S PHOTO**

# ADMISSION FORM

(PLEASE WRITE IN BLOCK LETTERS)

## PERSONAL DETAILS

Student's Surname: \_\_\_\_\_ First Name/Middle Name \_\_\_\_\_  
Name to Appear on Official Documents: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male: Female:  
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Other Nationalities Held: \_\_\_\_\_ Physical Home Address Of Child: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_ Expected Date Of Student  
Passport Number of the Applicant: \_\_\_\_\_ Starting School in Uganda: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PREVIOUS SCHOOL ATTENDED

Name Of Previous School Attended: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Physical Address Of School: \_\_\_\_\_  
From Grade/ Year: \_\_\_\_\_ To Grade/ Year: \_\_\_\_\_

## PARENTS OR LEGAL GUARDIAN

Name Of Father Or Legal Guardian: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
Job Position: \_\_\_\_\_ Name Of Organisation: \_\_\_\_\_

Name Of Mother Or Legal Guardian: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
Job Position: \_\_\_\_\_ Name Of Organisation: \_\_\_\_\_

## IF YOUR CHILD DOES NOT LIVE WITH A PARENT OR LEGAL GUARDIAN

Name Of Adult: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_  
Mobile Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## EDUCATION INFORMATION

Name & Contact Details of current school or last school attended

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address Of School: \_\_\_\_\_

From Grade/ Year: \_\_\_\_\_ To Grade/ Year: \_\_\_\_\_

Type of School : ☐ International ☐ Private ☐ Public ☐ Boarding

Curriculum: ☐ IBO ☐ IGCSE ☐ National System UK / USA / Other

Language of Instruction : \_\_\_\_\_

Do you foresee a need for your child's participation in EAL (English as Additional Language) program?

☐ Yes ☐ No

Has your child ever been tested or evaluated for any possible learning disabilities?

☐ Yes ☐ No

Has your child ever been disciplined for serious misconduct? If yes, please explain.

Has your child ever been dismissed or suspended from school? If yes, please give details.

PLEASE LIST SIBLINGS WHO ARE APPLYING FOR ADMISSION OR WHO ARE ALREADY REGISTERED AT MISU

NAME	GENDER	YEAR

CHOICE OF TRANSPORTATION?

☐ School Service Bus ☐ Family ☐ Driver ☐ Other \_\_\_\_\_

How did you hear about Montana International School Uganda ?

☐ Internet ☐ Friend ☐ School principal, teachers or employers

☐ Consulate ☐ Other \_\_\_\_\_

How long do you anticipate staying in Kampala ?

Would you like your home telephone number released to parents of students in your child's class

YES / NO ( please indicate )

☐ Yes ☐ No

I declare that my child \_\_\_\_\_ is not a Citizen of the Republic of Uganda

I, hereby, declare that I have read and understood the information above. The information provided in this form is true and accurate to the best of my knowledge.

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

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE SKETCH OR PASTE A MAP TO YOUR HOME WITH MAIN LANDMARKS INDICATED

OFFICIAL USE

Admitted Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Admission No.: \_\_\_\_\_

Director's Approval: \_\_\_\_\_

## MISU SWIMMING CLASSES

Please complete and return the slip below to the School Secretary, on the first day of your child/children starting at the school.

Children taking part in swimming lessons are expected to have a level of competence in water to be able to swim the width of the school pool (9m) unaided. This basic level of proficiency is a condition of their participation in swimming classes at school.

Children who meet this requirement will be coached to improve their swimming confidence, style, technique and stamina during their swimming lessons. Students who do not meet this requirement will take part in alternative sports. PE staff will assess the competency of students in the first swimming lesson and those deemed unable to swim 9m will take part in alternative sports.

### Swimming Competence

I understand and accept that MISU and its staff cannot accept any responsibility for the safety of children in our pool who are not at least competent swimmers. I also understand that my child will not be allowed to take part in swimming classes until they reach the required competency level.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICIAL USE

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Director's Approval: \_\_\_\_\_