



# ST. LOUIS PRE & PRIMARY SCHOOL

Plot 2214 Block 395 Akright City - Kakunguru Entebbe Road (Bwebajja)  
Tel: 0744230832 (0) 772311288, Mob: +256 (0) 772467288, 0704311288  
Email: stlouiseducationalservices@gmail.com

To complete the application process, kindly provide the following information

## Student Information

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Religion \_\_\_\_\_

Gender \_\_\_\_\_ Class admitted to \_\_\_\_\_ Home address \_\_\_\_\_

Previous school \_\_\_\_\_

Attach a copy of the report card from the previous school

## Parent/Guardian Information

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact

Full name \_\_\_\_\_ Relationship with the student \_\_\_\_\_

Phone number \_\_\_\_\_

Any other responsible adult authorized to pick up the child other than the parent

Name \_\_\_\_\_ Contact \_\_\_\_\_

## Health Information:

Does the child have any existing health conditions or allergies? \_\_\_\_\_

If yes, please provide details

---

How did you know about St. Louis? (This information helps us understand our school community better)

---

Please attach copies of the child's birth certificate and parent's Identity Card.

In the event that it is not possible to obtain Parent/Guardian's consent in case of any accident or illness of my child, I hereby authorize the school administration to sign consent for any essential treatment to be commenced. I undertake responsibility for any cost incurred.

Parent/Guardian \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

Note: Should any change occur with respect to contact details or child information, the school must be notified as soon as possible

**Declaration:**

**I confirm that the above information is true and I will take responsibility if the same is used by the school in relation to the student.**

.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

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

**Kindly note:**

- We can only confirm that a vacancy is available for your child after receipt of the registration fee (for new students/parents)
- In case the vacancy is not taken by the pupil after paying, the school will refund 70% of the commitment
- For further inquiries, kindly contact the Head teacher

Complete and return this form to the Head teacher's office.

**For Parent only:**

I understand the conditions of entry and will pay all due fees and any additional charges as laid down in our invoice

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For official use only**

TUSIIME AMINAH

JTM BALIKUDEMBE

HEAD TEACHER

DIRECTOR