



NURTURE EXCELLENCE FOR GREATNESS

# ADMISSION FORM

Please complete and return before your  
child starts with RJS  
All information will be treated confidentially

PLEASE ATTACH  
RECENT PASSPORT SIZE  
PHOTOGRAPH

DATE OF ADMISSION:

FIRST NAME:

LAST NAME:

DATE OF BIRTH \_\_/\_\_/\_\_

MALE ☐

FEMALE ☐

Father's Full Name:

Mobile Numbers:

Email Address:

Work place:

Occupation:

Nationality:

Religion:

Mother's Full Name:

Mobile Numbers:

Email Address:

Work place:

Occupation:

Child's Physician:

Telephone:

Hospital Name:

Address:

Does your child have any special health problems or medical conditions that require special care? Yes ☐ No ☐

If yes state the health problem:

Vaccination status (please attach the vaccination card) Yes ☐ No ☐

If parents cannot be contacted in an emergency, (Please give alternative person to Contact)

Name:

Relationship to child:

Phone:

1:

2:

List every person, including parents, who may pick the child up. ( List password for non-parents)

**Parents:**

1:

2:

**Non Parent (Name, Telephone Contact and Password):**

1:

Is anyone specifically denied permission to see the child? (if yes state the name)



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Does your child have any unusual eating habits or food preferences or dislikes?  
(if yes describe)

Does your child usually nap?

Yes

☐

No

☐

Time of day

How long?

Does your child have any special problem or fears?

What comforts your child when he/she is upset?

What are your child's interests or favorite activities?

**Name other children living at home:**

Name:

Age

Boy

Girl

☐
☐
☐
☐
☐
☐
☐
☐

Any other information that would help the school's staff understand and care  
for the child?

**Please submit the following with admission form:**

1. 1 Passport size photo
2. Map from school to home
3. Report card from previous school
4. Terms and conditions form (attached)  
duly signed



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# MEDICAL FORM

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PLEASE ATTACH  
RECENT PASSPORT SIZE  
PHOTOGRAPH

FIRST NAME:

LAST NAME:

DATE OF BIRTH \_\_/\_\_/\_\_

MALE ☐ FEMALE ☐

Communicable Disease History:

Child's overall health:

Are there any specific instructions regarding diet, rest, or exercise?

If your child is unable to participate in certain athletic and/or school activities, please comment:

Please comment on your child's social development:

Has your child ever been diagnosed with a speech/cognitive/psychological problem? Yes / No. (Comment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Has your child ever had his/her hearing or eyes tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Result
Does your child have any allergies? Yes/No	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify:
Are your child's allergies severe that he/she is considered anaphylactic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment

Does your child need to keep any medication at school for any medical condition? Yes No

Name of Physician:

Phone:

Address

Required: Emergency contact information of someone local if parents cannot be reached.

Name of contact person:

Tel no.

Relationship to child:

Name of contact person:

Tel no.

Relationship to child:

## Parent's Consent Form:

In case of emergency resulting from an accident or illness where prompt medical attention is deemed necessary and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Date:

Signature of Parent/Guardian:

# TERMS AND CONDITIONS

1. Fees :
  - a) The school fees are in Uganda shillings
  - b) All school fees should be paid before the beginning of the term
  - c) All cash payments should be paid directly to the bank (Please see below for the bank details) Please present the deposit slip at the school office for school record purposes. Cash payments will not be acceptable at the school office.
  - d) Cheque payments are payable to Raphela education services ltd. A chargeable fee of UGX 50,000 will be levied on any bounced cheques.
  - e) Bank transfers should be RTGS and drafts only and should be credited to Raphela Education services. Additional charges incurred due to the transfer should be paid by the parent / Guardian. School will credit only the net amount (after bank deductions) received in school account.
2. If your child is going to be away for an extended period of time, in order to retain the place in the school, the terms' fees should be paid in advance. We cannot guarantee to hold the place open for your child.
3. RJS reserves the right not to promote or continue the enrollment of any student if, in the opinion of the school, it is in his /her best interest.
4. In the event of any medical emergency, the school will attempt to contact the parents or guardians. If it is impossible to contact parents or guardians, the school is authorised to seek medical attention for the student from the nearest available qualified medical practitioner or hospital. In this case the school and its staff shall not be held responsible for the results of the medical treatment administered to the student, and any medical expenses incurred shall be chargeable to the parent.
5. I agree that my child will be included in swimming , physical education, education outings including annual outdoor education trips (with overnight stays), and in the event of any injury to him/her, or damage to his/her property, absolve the school and its staff from any liability whatsoever. Notwithstanding this, the school and its staff shall exercise their duty of reasonable care in relation to the supervision if any student of the school in line with our code of conduct
6. I will inform the administration office immediately if my address or any contact number changes if there are any changes to family circumstances which have direct effect upon the child.

**I accept Raphela Junior School enrollment policy, financial conditions, and stated agreement of terms and conditions of admission.**

**By signing this admission form, you authorise your child to engage in all school academic and co-curricular activities and as such permit that photography and video could be taken and used by the school as and when the need arises.**

Signed (Parent/Guardian):	
Name (Please print):	