# TIMNAH SCHOOLS LUWEERO

Jemba Road, Mabale zone Luweero Town Council
P.O.Box 400 Luweero Tel: 0707549977/0787664845
Email: timnahschools@gmail.com


## APPLICATION FORM

### PART I : CHILD'S PARTICULARS (TO be filled by the Parent / Guardian)

**Child's name:** _____ **Others:** _____

**Date of birth:** _____ **Sex:** _____

**Place of Birth:** _____ **Religion:** _____

**Class applied for:** _____ **Programme:** _____

**Reason for changing school:** _____

**Person(s) responsible for learner:** _____

### PART II : PARENTS' /GUARDIANS' PARTICULARS

| PARTICULARS | FATHER | MOTHER | GUARDIAN |
|---|---|---|---|
| Name: | | | |
| Residence | | | |
| Occupation | | | |
| Place of work | | | |
| Telephone | | | |
| E-mail address | | | |
| NIN | | | |

### PART III : HEALTH RELATED ISSUES

**Any health problem with a child (Please state it.)**

_____

## PART IV : FEES PAYMENT AND OTHERS

**Who is responsible for School fees payments?**

**Name:_____Contact:_____**

**Which means of transport would you use when coming to school?**

**_____**

**How did you get to know about the School?**

**_____**

## PART V : DECLARATION BY THE PARENTS/GUARDIAN

**_____Parent/Guardian to_____**

**Declare that the information given is true. I pledge to observe the rules and regulations laid down by the school and to pay school fees and other dues promptly.**

**Parent's/Guardian's Name:_____Signature:_____**

**Date: _____**

**I look forward to welcoming you to Timnah Schools - Luweero.**

**FOR OFFICIAL USE ONLY**

**Class admitted to:_____ Application No._____**

**Child registered and admitted by: _____**

**Any other information about the applicant: _____**

**Signature:_____ Date: _____**

**"Our Future Begins Here"**