



HERITAGE INTERNATIONAL SCHOOL

"Children are a heritage from the Lord..." Psalm 127:3

Student Application

Name in Full: _____
(Block Letters – F / M / L) (Underline name used at home)

Date of Birth: _____ Age: _____
Month Day Year

Birth Place: _____ Gender: _____

Ethnicity: _____ Passport Number: _____
(copy of Passport to be provided)

Date of Entry: _____ Grade to be Entered: _____

Local Address: _____

Identifying Landmarks: _____

Student Lives with: Mother _____ Father _____ Both _____

FATHER'S INFORMATION

Father's Name: _____

Occupation: _____

Nationality: _____

Volunteer Interests: _____

Postal Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Employer: _____

E-mail: _____

Emergency Contact:

Name: _____

Home No: _____ Work No: _____

MOTHER'S INFORMATION

Mother's Name: _____

Occupation: _____

Nationality: _____

Volunteer Interests: _____

Postal Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Employer: _____

E-mail: _____

Relationship: _____

Mobile No: _____

Overseas Contact (If Applicable):

Name: _____

Address: _____

Country: _____ Phone: _____

E-mail: _____

Student Application Cont.

SIBLINGS:			
Name	Gender	Date of Birth	School (if applicable)

PREVIOUS SCHOOL EXPERIENCE, if applicable (three most recent):	
1. Name:	_____
Address:	_____
Grades Attended:	_____ From: _____ To: _____
2. Name:	_____
Address:	_____
Grades Attended:	_____ From: _____ To: _____
3. Name:	_____
Address:	_____
Grades Attended:	_____ From: _____ To: _____
Has this child ever been suspended or expelled from school? _____	
When?	Why?

	YES	NO
Has your child been involved in any special testing?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had special classes/ tutoring?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had academic difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been referred for psychological counselling or testing?	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES: (Within Uganda when possible)	
1. Name: _____	2. Name: _____
Address: _____	Address: _____
How many years has student studied in an English as a first language School? _____	
Describe English language proficiency: Fluent: _____ Fair: _____ Poor: _____	
Other languages spoken: _____ Written: _____	

I declare that the above information is correct. I permit my child's full participation in all the activities, including religious instruction, which the school includes in its curriculum. I have read and agree to the guidelines in the Parent-Student Handbook.

_____ _____ _____ _____
 Signature of Parent Date Signature of Student Date

FOR OFFICE USE ONLY	
CHECK ALL THAT APPLIES TO STUDENT	
Full Time <input type="checkbox"/>	Homeschool Link <input type="checkbox"/>
Placement Test <input type="checkbox"/>	ESL <input type="checkbox"/>
Special Needs <input type="checkbox"/>	Extended Care <input type="checkbox"/>
CHECK IF SUPPLIED BY PARENT/ GUARDIAN	
Passport or Birth Certificate Copy <input type="checkbox"/>	School Records <input type="checkbox"/>
Immunization Records <input type="checkbox"/>	Student Health Form <input type="checkbox"/>
OFFICIAL SIGNATURES (in order of procedure)	
Administrator _____	Finance _____
Principal _____	Registrar _____