



Heritage International School

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www.heritageinternationalschool.org

Student Application

- Homeschool Link
 Full Time Student

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:** _____

Date of Entry: _____ **Grade to be Entered:** _____

Local Address: _____

Identifying Landmarks: _____

Home Phone: _____ **Home E-Mail:** _____

FATHER'S INFORMATION **MOTHER'S INFORMATION**

Father's Name: _____ **Mother's Name:** _____

Postal Address: _____ **Postal Address:** _____

Phone Numbers: **Phone Numbers:**

Home: _____ **Home:** _____

Work: _____ **Work:** _____

Mobile: _____ **Mobile:** _____

Employer: _____ **Employer:** _____

Occupation: _____ **Occupation:** _____

Special Interests: _____ **Special Interests:** _____

Emergency Contact:

Name: _____

Relationship: _____ **Phone Number(s):** _____

(If Applicable)
Overseas Contact:

Name: _____

Address: _____

Country: _____ **Phone:** _____

E-Mail: _____ **Fax:** _____

Student Application cont.

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

PREVIOUS SCHOOL EXPERIENCE, if applicable (three most recent):

1. Name: _____
 Exact Address: _____
 Grades Attended: _____ From: _____ To: _____

2. Name: _____
 Exact Address: _____
 Grades Attended: _____ From: _____ To: _____

3. Name: _____
 Exact Address: _____
 Grades Attended: _____ From: _____ To: _____

Has this child ever been suspended or expelled from school? _____
 When? _____ Why? _____

REFERENCES: (Within Uganda when possible)

1. Name _____
 Exact Address: _____

2. Name _____
 Exact Address: _____

If presently attending school in Uganda, state reasons for applying: _____

How many years has student studied English (or in English)? _____

Describe English language proficiency: Fluent: _____ Fair: _____ Poor: _____

Other languages spoken: _____ Written: _____

EDUCATION:

	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"/>

Specify physical limitations, chronic health and/or medication needs: _____

I declare that the above information is correct. I permit my child full participation in all the activities, including religious instruction, which the school includes in its curriculum.

 Signature of Parent

 Date

