KAMPALA DIPLOMATIC INTERNATIONAL SCHOOL

'AD GLORIAM DEI, ET SPES FUTURAE'
Plot 3540 Magambo Road, P.O. Box 36382, Kampala Tel: +256393102586 +256784110278
Email: principal@kampaladiplomaticinternationalschool.com Website: www.kampaladiplomaticinternationalschool.com

REGISTRATION FORM SCHOOL YEAR 2025/2026

PLEASE ANSWER ALL SECTIONS IN FULL USING BLOCK CAPITALS

SECTION A – STUDENT DETAILS

Proposed Class of entry for School Year 2024/2025 _____

Full Name: _____

Date of birth: Day: _____ Month: _____ Year: _____

Nationality: _____ Gender: _____

Former School

Name of Headteacher: _____

Name and Address of Former School: _____

_____Telephone No: _____ Email: _____

SECTION B – FAMILY DETAILS

Parent 1

Full Name *(include Prefix/Title)*: _____

Home Address: _____

Mobile Telephone:_____ *Home Telephone*: _____

E-mail: _____ Profession: _____

Parent 2

Full Name *(include Prefix/Title)*: _____

Home Address: _____

Mobile Telephone:_____ *Home Telephone*: _____

E-mail: _____ Profession: _____

(a) Please indicate the primary parent responsible for daily care (circle the correct response):

Both Parents Parent 1 Parent 2 Guardian

(b) Marital status of Parent 1 and Parent 2 (circle the correct term): -

Married Divorced Temporarily Separated

If you have circled option two or three in parts (a) or (b) above, please bear in mind that the indicated Parent will be contacted primarily in all correspondence from the school.

If both parents are residents outside Uganda, please provide full details of a nominated Guardian.

Guardian

Full Name *(include Prefix/Title)*: _____

Home Address: _____

Mobile Telephone:_____ *Home Telephone*: _____

E-mail: _____ Profession: _____

SECTION C – MEDICAL DETAILS

Please detail all medical conditions or special considerations of which the school should be made aware.

Please tick all that apply: ☐ ASTHMA ☐ ALLERGIES ☐ MIGRANE ☐ CHRONIC FATIGUE ☐ DIABETES

Are there any other medical issues we should be aware of?

_____

_____

_____

Please list the name of an Approved Medical Centre/Doctor_____

DECLARATION

I enclose the non-refundable Registration Fee of US $250

Parent's/Guardian's signature: _____

Full Name: _____ Date: _____

This completed form should be accompanied by:

- The $250 Registration Fee
- Two passport-size photographs of the applicant (include his/her name on the back)
- Copy of Passport (Personal details and photograph pages)
- A Report Card from the applicant's previous school

Please send all of the above to:

The Administration Office, Kampala Diplomatic International School, 3540 Magambo Road (Ntinda) P.O. Box 36382, Kampala, Uganda

Or email to secretary@kampaladiplomaticinternationalschool.com

Please note:

1. **No application can be registered when the Registration Fee has not been received and a receipt issued.**
2. **Information given about family circumstances helps us to ensure that correspondence is correctly addressed. It remains entirely confidential.**
3. **FEES ONCE PAID ARE NOT REFUNDABLE**