



GREENHILL ACADEMY

P.O.BOX 7490, KAMPALA, TEL: 342684

E-Mail: info@greenhillacademy.ac.ug

Website: www.greenhillacademy.ac.ug

STUDENTS APPLICATION FORM

Date of application: _____

1. Pupils details:

a) Name of child _____ c) Date of birth _____

_____ d) Religion _____

b) Gender _____

e) Any health challenge that the school should know about? _____

f) Class applied for: _____ g) Year: _____

2. Details of residence

i) Plot No. _____ ii) Sub county: _____

iii) Village/zone _____ iv) District _____

3. What draws you to Greenhill Academy?

i) _____

ii) _____

iii) _____

4. What kind of education would you like Greenhill Academy to provide to your child?

i) _____

ii) _____

iii) _____

5. What kind of child would you want to see after the Greenhill Academy experience?

i) _____

ii) _____

iii) _____

6. Parents/Guardians details

a) Name: _____ b) Tel.contact: _____

c) Have you had any children in Greenhill Academy?

If yes, please give the name and years when they were here.

i) _____

ii) _____

iii) _____

7. Attach a photocopy the most recent report card.

<u>Administration use only;</u>	
Comment from Head of School	Date: _____
_____	_____
_____	Sign: _____
_____	_____