

Please attach recent passport size photograph

ADMISSION FORM

To be signed and returned before your child starts with AIS.
All information will be treated confidentially.

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Full Name (A	s per passport/b):			Date of	Birth (DD/MM/YYYY):		
						Gender:		
Country of Birth	Nationality	Mother Tongue	Meal preference			Publi	Publishing Photos (Social media and/or marketing collaterals)	
Bitti			Veg		Non-Veg	Yes [No	
Home Address:			Previous school name and address:					
			Last completed Yearband/Class:					
Father's Full Name:			Mobile Number:					
				Email address:				
Address of fat	ther, if different	from the child	:					
Occupation:			Employer:					
Mother's Full Name:			Mobile Number:					
			Email address:					
Address of mother, if different from the child:								
Occupation:			Employer:					
If not with the above parents, details of the person the child resides with:								
Name:			Relationship to child:					
Occupation:			Mobile Number:					
			Ema	il addre	ess:			
Emergency contact(s), if you cannot be reach 1. 2.				ned: Relationship to child: Mobile Number:		Mobile Number:		
Siblings at AIS: Yes Name(s):					Class:			
Please submit		vith the applica	tion f	orm:			1	
Please submit the following with the application form:								
1. One passport size photo 2. Report card from previous school 4. Birth Certificate/Passport copy								
					Defermed by:			
					Referred by: Date of Admis	sion.		
				Yearband Admitted to:				
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Medical Information All information will be treated confidentially.							
Does your child suffer from any allergies/ asthma/ others?	If yes please give details:						
Is your child on regular medication?	No						
Please indicate if your child can be given CALPOL (Paracetamol)	Yes No						
 Has your child been immunized aga Tetanus Yes Polio Yes Measles Yes Tuberculosis(TB) Yes Others (please specify) Yes 	Please attach copies of the relevant certificate						
Does your child have any dietary requirements?							
In the event of your child being unwell during the school day, we would make every effort to contact you directly. However, if you are unavailable, please provide the name and contact details of two additional contact persons:							
Name of contact person:	Telephone number:	Relationship to child:					
Name of contact person:	Telephone number:	Relationship to child:					
Does your child have any other condition that could affect his / her learning? Yes No							
If yes, please give details.		140					
P.O. Box 328 Kisota Road (Along) Northern Bypass Kisaasi Roundabout Tel: 0393 202 665 Mob: 0756202 665							

TERMS AND CONDITIONS

1. Fees:

- a. The school fees are in USD. Payment in UGX is acceptable at the rate indicated by the school office. Please ask in advance or see our notice boards. Fees once paid are non-refundable.
- b. Each term's fees are due by the end of week 2 of the school term. Late payment of fees is subject to a surcharge of 5% per week. Fees for the new students are payable by the first day of school. <u>Please note</u> that money paid is taken in the first instance from the fees as these are obligatory costs.
- c. <u>Cash payments</u> should, preferably, be deposited directly to our bank account (at any branch of Barclays Bank). Please see below for the relevant bank details. The deposit slip should then be presented at the Finance office for record purposes. Cash payments are also acceptable at the Finance office from Monday to Friday, between 8:00 am to 4:00 pm.
- d. <u>Cheque payments</u> are payable to either OAKAY LTD or Acorns International School. Bounced cheques will incur a fine of UGX 50,000 (for UGX cheques) and USD 25 (for USD cheques).
- e. <u>Bank transfers</u> should be RTGS only and should be made within the period specified below. The date applicable will be the date the amount is credited to the OAKAY LTD or AIS accounts. Any extra charges incurred due to any other transfers should be paid by the parent/guardian. The school will credit only the net amount (after bank deductions) received in the school's account.

Bank Transfers (RTGS ONLY)

Payable to:	Acorns International School		
Beneficiary Bank	ABSA Bank Uganda Limited		
Bank Address	Plot 2, Hannington Road		
Swift Code	BARCUGKX		
USD Account No.	6005467924		
UGX Account No.	6005467932		
Intermediary Bank for USD	Citibank, New York Branch		
Swift Code	CITIUS33		
ABA	021000089		
Account No.	36371524		
Address	399, Park Avenue, New York, 10043, USA		

2. Admission and continuing enrolment are conditional to payment of all fees, in accordance with the current rates and financial conditions. Students whose fees remain unpaid after one month from the due date will be excluded from the school unless otherwise agreed in writing by the Management. Transcripts (school reports/ leaving certificates) will only be made available to future schools when all financial matters have been cleared. New students who enroll after the start of the term will be charged on a pro-rata basis.

- 3. Parents/Guardians intending to withdraw a student from AIS should inform the admissions office by giving at least ONE TERM'S NOTICE in writing.
- 4. In case of extended absence, either the term's fees should be paid in advance to retain enrolment at AIS or you will need to re-register your child upon return. In addition to the above, a long leave application is mandatory to guarantee a place for your child.
- 5. Lunch, clubs and daycare fees must be paid before the first date of entry and thereafter by the end of the second week of the school term.
- 6. AIS offers a 5% discount on yearly fees if paid before or on the Day 1 of the academic year and a 15% reduction on one term's fees following the introduction and admission of new students.
- 7. AIS reserves the right not to promote or continue the enrolment of any student if, in the opinion of the school, it is in his/her best interest.
- 8. In the event of any medical emergency, the school will attempt to contact the parents or guardians. If it is impossible to contact parents or guardians, the school is authorized to seek medical attention for the student from our insurance provider or the nearest available qualified medical practitioner or hospital. In this event, the school and its staff shall not be held responsible for the results of medical treatment administered to the student, and any medical expenses incurred shall be chargeable to the parent.
- 9. I agree that my child will be included in swimming lessons, physical education, and educational outings including any annual outdoor education trips (with overnight stays), and in the event of any injury to him/her, or damage to his/her property, absolve the school and its staff from any liability whatsoever. Notwithstanding this, the school and its staff shall exercise their duty of reasonable care in relation to the supervision if any student of the school in line with our code of conduct.
- 10. I will inform the admissions office immediately if my address or any contact number changes or if there are any changes to family circumstances which have a direct effect upon the child.
- 11. I have read all the relevant AIS Policies published on the website. I have understood what it means to be part of the AIS Community and will adhere to the policies.

<u>I accept the AIS enrolment policy, financial conditions, and stated agreement on the terms and conditions of admissions:</u>

Signed (Parent/Guardian):	
Name (Please print):	
Date:	

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Fees once paid are not refundable.