



**ZACHARY SCHOOL NAKIREBE  
NURSERY & PRIMARY SCHOOL,  
DAY & BOARDING SCHOOL  
16 MILES KAMPALA-MASAKA ROAD  
TEL: +256-704422878/752521423  
[Email.info@zacharyschool.sc.ug](mailto:Email.info@zacharyschool.sc.ug)**

**APPLICANTS' PARTICULARS (PLEASE FILL IN)**

**A. DETAILS OF THE APPLICANT:**

**Full name of the Child:**.....**Sex:**.....

**Class to be Admitted to:**.....

**Day or boarding:**.....

**Date of Birth:**.....

**Nationality**.....**Religion:**.....

**Former School:**.....

**CHILD'S PASSPORT  
PHOTO**

**B. PARENTS'/ GUARDIANS' DETAILS:**

**Father/Guardian's Name:**.....

**Occupation:**.....**Place of work:**.....

**Home Location:**.....

**Telephone(s):**...../.....

**FATHER'S PASSPORT  
PHOTO**

**Mother/ Guardian's Name:**.....

**Occupation:**.....**Place of work:**.....

**Home Location:**.....

**Telephone(s):**...../.....

**MOTHER'S PASSPORT  
PHOTO**

**C. NEXT OF KIN'S INFORMATION:**

**Name:**.....

**Relationship with the Child:**.....

**Occupation:**.....**Place of work:**.....

**Home Location:**.....

**Telephone(s):**...../.....

**D. How did you know about Zachary School Nakirebe?**

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**E. Any healthy problem? If any, please specify for better management.**

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**F. DECLARATION BY PUPILS AND PARENTS.**

I .....(**Child's name**), do  
promise to abide by all the school routines, rules and regulations.

**Child's signature**.....**Date:**.....

**Witnessed by:**

**Parent's Name:**.....

**Signature:**.....**Date:**.....

**G. FOR OFFICIAL USE ONLY**

**Admission approved to class:**.....**Signature**.....

**Date of Admission:**.....