



RAINBOW

INTERNATIONAL SCHOOL UGANDA

APPLICATION FOR THE BOARDING HOUSE

(For Age 7 & Above)

STUDENT'S SURNAME:	
FORENAME(S):	
DATE OF BIRTH:	MALE / FEMALE:
AGE AT PRESENT:	NATIONALITY:
RELIGIOUS DOMINATION:	
CURRENT YEAR GROUP:	

PARENTS' DETAILS: MOTHER	FATHER
TITLE:	TITLE:
SURNAME:	SURNAME:
FORENAME(S):	FORENAME(S):
HOME ADDRESS:	HOME ADDRESS:
.....
TELEPHONE NUMBERS:	TELEPHONE NUMBERS:
HOME:	HOME:
WORK:	WORK:
EMAIL:	EMAIL:

BRIEF DETAILS OF PREVIOUS HISTORY AND CONTINUING NEEDS	
1. SPECIAL DIETS	2. MEDICAL ATTENTION
3. INTERESTS (SPORTING AND OTHERS)	

ANY OTHER RELEVANT INFORMATION

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ACKNOWLEDGEMNT AND AGREEMENT:

1. I would like to register my child at The Boarding House.
2. I agree that the terms, conditions, rules and regulations as stipulated by Rainbow International School Uganda shall be applicable to all The Boarding House applications.
3. I recognise that The Boarding House will take every precaution to ensure the safety of my child. I shall not hold The Boarding House liable and responsible for any injury or mishap due to unforeseen circumstances.
4. The information given is correct to the best of my knowledge. I have provided all relevant information to enable The Boarding House to make an informed decision in response to this application.
5. In the event that my child should damage or lose any property of the Boarding House, the cost of replacement shall be met by the parent / guardian.
6. I/We undertake to pay the fees (and any extra expenses) for each term in advance. I/We shall provide written notice to The Boarding House of any intention to withdraw my/our child from The Boarding House at any stage, not later than the first week of term at the end of which he/she is to cease to board.
7. I/We understand that boarders are permitted to vacate their place prior to the end of term should they wish to do so after the completion of exams or during study leave, but no refund of fees will be offered for such periods of absence as the boarding place is made available to each boarder for the whole term.

.....
Signature

.....
Print Name

.....
Date

FOR OFFICIAL USE ONLY:

Boarding place offered	Date:
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GUARDIAN NOMINATION FORM

(FOR PARENT TO FILL OUT IF APPLICABLE)

STUDENT'S NAME:		
PARENT'S NAME:		
ADDRESS:		
PHONE NUMBER:	HOME:	WORK:
GUARDIAN'S NAME:		
GUARDIAN'S ADDRESS:		
GUARDIAN'S PHONE NO.:	HOME:	WORK:
GUARDIAN'S EMAIL:		

When both parents reside outside the country or are not reachable, parental responsibility must be delegated to a suitable adult resident in Uganda who has agreed to take full responsibility for the student when not at school ("The Guardian"). The

Guardian must be available to The Boarding House and act as an authority for the student as and when necessary. They must be able to come to the school at short notice. The Guardian must also be available to look after the student during school holidays and in cases where the student is required to leave the school or the Boarding House for medical or other reasons. The responsibility for choosing an appropriate guardian rests solely with the parents.

I have read the terms set out by The Boarding House concerning The Guardian requirements and give consent for the above nominated person to act as The Guardian for our child. I shall not act in such a way as to prevent the above nominated person from carrying out their obligations in a proper and reasonable manner.

Parent's Signature

Date

THE GUARDIAN AGREEMENT

1. I am willing to act as The Guardian for the student named above, who resides at The Boarding House.
2. I have read and agreed to the terms set out regarding The Guardian requirements. I am over 25 years of age.

The Guardian's Signature

Date