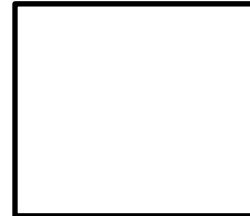




**WESTGATE PRE AND PRIMARY SCHOOL-NAKITOKOLO**  
**P.O.BOX 300193 WAKISO UGANDA**  
**TEL: 0702225530 / 0701878099/0776-292519/ 0704930842**  
**Email:westgateschool2022@gmail.com**  
**Vision: To educate the whole child for a better future.**  
**Mission: A complete education for the child of this generation and beyond.**

**APPLICATION AND ADMISSION**

Complete this in block letters and return it to the office with the copy of the child birth certificate and immunization card, 2 passport size photograph attached.



Name of child.....

Sex.....

Date Of Birth..... Nationality.....

Religion ..... Class.....

Child previous school if any.....

Residence / Location

Father's name.....

Occupation.....

Workplace .....

Mobile Tel..... Email.....

Address.....

Mother's name.....

Occupation.....

Workplace .....

Mobile Tel..... Email.....

Address.....

Guardian name:..... Tel. No.....

Special health problem:.....

.....

Allergies:.....

Other Comments:.....

.....

Emergency contact

(Name)..... Tel. No.....

Declaration

I certify that the above particulars are correct.

Signature of the

Applicant..... Date.....

FOR OFFICAL USE ONLY.

Headteacher's

Comment.....

Signature..... Date .....

RE: ADMISSION FOR .....