Requirements for Admission

Applicants are required to comply with the following conditions.

- 1. The following documents must be provided:
 - i. Two recent term school report forms from last school attended.
 - ii. **One photocopy of birth certificate.** (Original required for authenticity)
 - iii. Four recent colour passport size photographs. (Student names)
- 2. Applicant must complete and pass admission interviews.
- 3. Applicant must undergo a medical check-up at the beginning of a new term and present proof of up to-date of immunization. Please refer to page five.
- 4. Foreign national students should, if possible, provide a local contact that may be consulted and take responsibility for urgent issues regarding the student while at school.
- 5. All payments to Greenacres Junior Academy should be paid to our nominated bank account indicated on the payment slip and a counter foil receipt returned, unless alternative arrangements have been confirmed with our accounts department. (No refunds will be made after admission is confirmed)
- 6. Admission will be confirmed following:
 - Payment of registration fees.
 - Payment of Tuition, IT and Boarding fees. Shs..... _ Shs.....
 - Payment of School uniform fees.
 - **Payment of medical cover.** (Foreign Students) Shs.....

Shs.....

- Successful interviews.
- Payment receipts and admission forms (page one to seven) duly completed, signed and returned before the specified deadline.
- 7. For Security and Safety reasons, visitors intending to visit a student should present a valid visiting pass. Visitors without may be denied access to the student. Parents and guardians should request for a pass made following a student's admission.
- 8. To ensure a safe environment in the school, all luggage and packages coming to school premises will be searched at various entry points. Prohibited items will be removed, i.e. hazardous materials, cell phones, electronic gadgets and non-educational audio or print material. Due to Health and Safety reasons students are instructed not to accept any kind of externally prepared edibles from any person other than snacks/drinks from their parents and guardians. (Visiting days inclusive)

Admission Form

To be completed by Parent or Guardian Student Reg. No. 2010/
STUDENT NAMEAGE
CLASS APPLIED NEXT OF KIN
NATIONALITY DATE OF BIRTH
LAST SCHOOL & ADDRESS
FATHER'S NAMES OCCUPATION
MOTHER'S NAMES
FATHER'S NO MOTHER'S No
HOME ADDRESS (LC)
ALTERNATIVE ADDRESS
HOW DID YOU GET TO KNOW ABOUT US?
REASON YOU WOULD LIKE TO JOIN US
OFFICIAL USE ONLY
RECEIVED by INTERVIEWED by
CLASS ADMITTED Sign
CLASS TEACHER
HEAD TEACHER Sign
COMMENTS
BURSAR COMMENTS Sign

<u>Student Information Form</u> <u>Completed by parent or guardian</u>

Student Reg. No. 2010/

Student Name	Other Names	••••••
Date of birth	. Nationality	. Religion
Place of birth	Passport No	Gender

Students will only be released to known people introduced by parents or guardians.

Nominate two persons with parental responsibility. Place them in order you wish them contacted. This is where we can send your child during an emergency if we fail to reach you.

Name	Relationship	Home address (LC) Phone/Mobile	Work address Building Phone/Mobile
1.			
2.			

Please give names of other two people who are likely collect your child from school in your absence.

Name	Phone	Address
1.		
2.		

Any specific physical need requirement we need to know about your child? (Disabilities)

Any specific medical information we need to know about your child? (Health problems or allergies)	
Family Doctor.	Phone No & Address:

Class Teacher.....Dormitory.....

Parent / Guardian declaration Form. (Please read carefully)

Student reg. No.2010/

I (insert names) hereby confirm that I have parental

I will adhere to all financial agreements as outlined by Green Acres Junior Academy and agree to pay for any loss or damage that may be caused to property belonging to the school, other students, staff, contractors or others that Greenacres Junior Academy deems to have been caused by or with the involvement of the child that is not a result of reasonable accident or normal wear and tear.

In the event that the child is excluded from Greenacres Junior academy for non payment of fees or expenses or as a result of disciplinary action, I undertake to pay the full amount of any repatriation or other expenses incurred by Greenacres Junior Academy in connection with the relevant matter and I further undertake to return all property belonging to Greenacres Junior Academy in the possession of my child.

I will provide at least the minimum requirements for my child as listed in the requirements form eight and agree to repay any purchases made by the school to fulfil the minimum requirements. I am aware that no refund will be made after admission has been confirmed.

I consent to a member of staff or school nurse making arrangements for removing the child from the school to a medical facility in the event of accident, illness or in other circumstances as deemed necessary by Greenacres Junior Academy. I understand that First Aid and initial treatment for minor accident or illness may be treated at the school, but beyond such treatment, I agree to pay for any other medical expenses.

I agree to immediately inform Greenacres Junior Academy in writing of any communicable disease, physical or psychological disability or condition from which the child suffers and of which am aware that might in any way impact on the child's presence at Greenacres Junior Academy, his/her involvement with the school or that may affect any other student or staff.

I confirm that I am legally entitled to enrol the child at Greenacres Junior Academy and, in so doing, I am not infringing the rights of any other person. It is my wish that bearers of a valid visiting pass or, in my absence, individuals introduced to the satisfaction of staff present be allowed to visit or collect the child from school on a day and reasonable daytime agreed with staff on duty authorising the child's release. I acknowledge and accept that staff on duty at Greenacres Junior Academy, acting reasonably, retains absolute discretion to refuse access or release of the child.

I permit the child to travel within Uganda on any suitable vehicle, ship, train or aircraft for out of school trips, outings, social and educational functions that the school will organize and supervise.

I will arrange for my child to be in possession of valid travel documents, permit, visa or any other such official documentation that may be required when admitted to Green Acres Junior academy (Any such documentation may be deposited at the bursar's office for safekeeping when not required).

I understand that the child's involvement in anti-social behaviours (without limitation) such as teasing, bulling, abusive language, destructive, aggressive or violent conduct, smuggling into school premises prohibited substances or items, theft is, in each case, strictly forbidden and may result in disciplinary actions including suitable punishment, suspension or exclusion from school. I understand that any decision to terminate the child's admission will be taken following a thorough administrative investigation and that I may appeal any such decision to the school's governing board members for review.

I am aware that Green Acres Junior Academy admits students from all faiths and abides by an equal opportunity policy.

I have read and agree to abide by the above stipulated terms and conditions.

Name Date..... Date.....

-

<u>Medical Check-up Form</u>		
	To be completed by a medical doctor after examining the student.	
	Student Reg. No. 2010/	
TUD	ENT NAME.	
GE.	GENDER.	
1.	Is there a history of any chronic or disability? (Tick $$ where appropriate)	
	a) Epilepsy ()	
	b) Asthma ()	
	c) Tuberculosis ()	
	d) Hypertension Cardiovascular ()	
	e) Sickle cell ()	
	f) Diabetes ()	
	g) Others (specify)	
2.	Physical examination. (Please note current condition of the following)	
	a) Respiratory	
	b) Cardiovascular	
	c) Central nervous system	
	d) Muscular skeletal	
	e) Abdomen	
	f) Dental	
	g) Vision.	
	h) E.N.T.	
2	i) Skin disorder	
	Are there any other findings apart from the above? (Specify on a separate sheet)	
4.	Is there any other illness, communicable disease, physical or psychological	
	condition or disability that may require special attention or which may impact on	
	the child, other children or staff at the school that you would like to give special	
5	attention or follow? (If required use a separate sheet)	
5.	Is there any regular prescription medication this student is required to take during their attendance at the school? (Specify)	
6.	Who should have custody of this medication at school? (Is it labelled?)	
	Has the child been immunised against communicable diseases? i.e Measles,	
7.	Tuberculosis, Tetanus, Yellow fever, Chicken Pox and Small Pox?	
I c	ertify that to the best of my knowledge the information above is correct.	
Do	ctorSignature	
Ph	one Official stamp.	
_		

Date.....

Student Reg. No. 2010/

Dear Parent or Guardian,

As you are aware, it is important that during a life threatening emergency or treatment of your child's illness we act quickly. There is often a risk to the health of the child if contact cannot be established and permission sought from the parents/guardians to administer and perform necessary medical procedures quickly. For this reason we require that you provide us with your reliable contact information and two other persons who will take responsibility for your child if we fail to reach you on the contacts you provided. Should your child fall ill, it becomes the responsibility of the nurse/ matron/ staff on duty to ensure the child is referred for medical assessment, check up and treatment administered as soon as possible.

The medical officer will perform standard precautionary tests or any other tests as he/she may find necessary in order to make an early diagnosis of the child's ailment.

Your child will be treated according to diagnostic results and in the case of common illness with appropriate medication. Should the medical officer determine that the child should be monitored at school, the child will be admitted to the sick bay.

During this time the school will inform the parent/guardian of the child's admission to the sick bay. If the child's condition does not improve while in sick bay, you will be required to collect your child from school for further treatment and medical attention by your own doctor. For students with a medical cover, the medical cover deposit covers the initial private external treatment.

In the case of an emergency, your child will be transported under the care of a member staff to the nearest private hospital/clinic where stabilization and emergency treatment, including where applicable emergency surgery, X ray and trauma care may be administered. In such a circumstance every effort will be made to contact you through your listed telephone contacts provided below. This is to ensure that you are appropriately informed of your child's admission, condition, and treatment that may be in progress.

In the event that the school is unable to make instant contact with you or your nominated contacts, please complete and sign the "Emergency Medical Treatment Consent" confirming your agreement and understanding of the actions Green Acres Junior Academy may undertake in the provision of medical care for your child and while in Sick Bay.

I have read and understood the responsibility limit of services and medical facilities that is provided for my child by Green Acres Junior Academy in the event of an emergency external private treatment and in while in the sick bay.

I agree to the terms and conditions set out above.

Print Name	Signature
Phone No	Alternative No
Provide bellow two alternative names and phone nun	nber that can be contacted in your absence.
Name	Phone No
Name	Phone No

Emergency External Private Medical Treatment Consent Form

Student Reg. No. 2010/

In the event of an emergency, I give consent to Green Acres Junior Academy through their medical staff to perform life saving procedures, including but not limited to emergency surgery, administering medical drugs and procedures as may be required.

I understand that the cost of such emergency private medical treatment and admission is covered by me.

I am responsible for the costs of treatment and reserve the right to request discharge of my child for transfer at my own cost to an alternate medical facility of my choice.

The consent above is deemed valid for the duration of my child's attendance at Green Acres Junior Academy.

Print Name...... Sign.....

Student Name.....

Date.....

Please complete, sign and return this form to Green Acres Junior Academy when reporting for admission. Green Acres Junior Academy cannot be held responsible for accident or injury caused should a true and correct medical history fail to be provided.

Schedule of Requirements for Term 2010

Student Reg. No. 2010/

Name Dormitory...... Gender.....

	Item	Required	Actual	Label	Missing	Provided
1	Uniforms	Incquireu	lietuui	Luser	inissing	IIIonaca
	Girls - Shirt/Skirt/Pinafore/Dress/Tie	(P.1-P.4)				
	Boys - Shirt/Short/T-Shirt/Trousr/Tie	(P.1-P.4)				
	Girls - Shirts/Skirts/Dresses/Ties	(P.5–P.7)				
	Boys - Shirts/Trousers/T-Shirt/Ties	(P.5–P.7)				
	PE Kit – Tee Shirt/Shorts or Skirt	1 each				
	Sweater - Grey with white neck stripe	1 pc.				
	Socks - Ash grey with white top stripe	3 pairs				
2	Shoes	e puile				
	Black shoes.	1 pair				
	Canvas or Trainers (Sports Shoes)	1 pair				
	Open Shoes (Sandals)	1 pair				
	Flip flops (Slippers)	1 pair		ł		1
3	Equipment.	1		1		
	Mosquito Net and Mosquito Repellent	1 each				
	2'6" X 4" Mattress / Blanket / Pillow	1 ream				
	Towel and Hair Brush	1 each				
	Toothbrush & Toothpaste (medium)	2 each				
	Bed sheets / Pillow case/Hankies	2 pairs				
	Photo copy paper 80g/m 500xA4 size	1 pc.				
	Sponge / Face towel / Torch.	1 pc.				
	Geometry set/ Dictionary	1 (P.4–7)				
	Faith book and Prayer clothing	1 (P.1–7)				
	Manila paper file	5 (P.3–7)				
	36. Exercise- 4. Maths - 4.Art books.	48pages				
	8Pen, 8Pencil,4 Pack crayon or Pencil	(P1-7)				
4	Personal use.					
	Trousers / Shorts / Tops (Boys)	1 each				
	Dresses/ Skirts / Tops (Girls)	1 each				
	Underpants	6 pcs.				
	Plate / Cup / Fork/ Spoon	1 each				
	Night wear	1 pc.				
	Jerry can/ Basin/ Gum boots / Torch	1 each				
	Cereals, Drinks, Powder milk etc	Optional				
	Vaseline (250grams) & Deodorant	1 each				
	2.Bars/ 1.Powder 500gm/ 4.Bath Soap					
	Toilet Tissue Paper	24 rolls				
	Black shoe Polish (medium) & Brush	1 each				

Only dry snacks packed in suitable sealed containers will be allowed i.e cereal, g/nuts, biscuits, juice, milk etc.
Students should report to school with reasonably manageable hair. A barber is available for a fee on request.
Due to limited storage space, ONE MEDIUM SIZED SUITCASE and ONE SCHOOL BAG will be allowed.

4. Student property MUST BE CLEARLY MARKED WITH NAMES for identification purposes.

5. All property will be subjected to inspection when reporting at beginning of every term.

Matron:

Date.....

Uniform requirements and colours

<u>Girls P1 – P4</u>

1pc. Pinafore	(Ash Grey)
1pc. Tennis Tee shirt	(Ocean Blue)
1pc. Dress	(Light Blue checked)
1pc. Shirts	(Light blue)
1pc. Skirts	(Ash grey)
1pc. Sweater	(Ocean Blue with white 2stripes at V shape neck)
3Pairs Socks	(Ash grey 2 white top stripes)
1pc. Ties	(Ocean with white stripes)

<u>Girls P5 – P7</u>

2pc. Shirts	(white)
2pc. Tennis Tee shirts	(Light Blue)
2pc. Dresses	(Sky Blue)
2pc. Mid-Skirts	(Charcoal Grey)
1pc. Sweater	(Charcoal Grey with 2white stripes at V shape neck)
3pr. Socks	(Ash Grey with 2white top stripes)
1pc. Ties	(Ocean Blue with white stripes)

<u>Boys P1 – P4</u>

2pc.Shirt	(Light Blue)
1pc.Tennis Tee shirts	(Ocean Blue)
2pc. Shorts	(Ash grey)
1pc. Trouser	(Ash grey)
1pc. Sweater	(Ocean Blue with white stripes at V shape neck)
3Pr. Socks	(Ash Grey with 2 white top stripes)
1pc.Tie	(Ocean Blue with white stripes)

<u>Boys P5 – P7</u>

2pc. Shirts	(white)
1pc. Tennis Tee shirts	(Light Blue)
3pc. Trouser	(Charcoal grey)
1pc. Sweater	(Ash Grey with 2 white stripes V shape neck)
3pr. Socks	(Charcoal Grey with 2 white top stripes)
1pc. Ties	(Ocean Blue with white stripes)

Important Dates in Term 20......

Week	Day / Date	Event
1	Monday 1 ^{st.} February	Beginning of term.
2	Wednesday 2 nd February	Student induction.
3	Sunday 7 th February	Health and Safety Induction
4	Sunday 21 nd February	Open Parents visit day.
5	Saturday 28 th February	Inter house sports.
6	Saturday 03 rd March	Community day.
7	Mon-Thu 09 th -12 th March	Mid-term Exams.
8	Sunday 21st March	Open Parents visit day
9	Saturday 4 th April	Peer mentoring day
10	Sunday 26 th April	Open Parents day
11	Monday 13 th -17 th April	End of term exams
12	Saturday 25 th April	End of term Dinner
13	Friday 30 th April	End of term