



7Hills Admissions Procedures

1. Complete the application forms for each student. Forms can be downloaded from www.7hillskampala.com. A tour of the school and meeting with the Head of School is available on request.
2. Submit all application documents with proof of payment of a non-refundable application fee (100 USD)
3. Make an appointment for the student to take shadowing day and the English/Math proficiency assessments and an interview with the Head of School.
4. Registration fees (350 USD) that are non-refundable are to be paid in the bank to confirm interest in securing a place, pending further admission processes.
5. A notification of acceptance will be sent by the school on successful completion of application.
6. Sign a fee agreement and complete the first tuition payment and pay development fee of 1500 USD (one time off payment)
7. Registration and enrolment of the student for the agreed school year.

Required Application Documents

- Application Form
- Emergency Information Form
- Medical and Physical Information Form
- Student vaccination card
- Media and release consent form
- School transcript/report card from last 2 school years
- Parent(s) and student(s) copies of passports
- 4 passport size student photos

Bank Details

Bank: Diamond Trust Bank Uganda Ltd

Account Title: 7Hills International School Ltd.

Account Numbers:

USD (0096968002) | UGX (0096968001)

Swift Code: DTKEUGKA



7HILLS STUDENT APPLICATION FORM

Application Date: _____

Applying to Year: _____ Academic Year: _____

Personal Details

First name: _____ Middle name: _____

Surname: _____

Name student is commonly called by: _____

Date of Birth (dd/mm/yy): _____ Gender: _____

Country of Birth: _____ Nationality: _____

Other nationalities held: _____

Languages spoken at home: _____

Residential physical address: _____

Passport Number: _____

Date of issue: _____ Date of expiry: _____

English Proficiency Placement

Formal test to be administered by school

Reading ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Writing ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Speaking ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Does the student have any special educational or physical needs? If yes, please specify:



Previous Schools Attended

1. **Last School Attended:** _____

From Grade / Year: _____ To Grade / Year: _____

E-Mail Address: _____

Physical Address of School: _____

Telephone: _____

2. **Previous School Attended:** _____

From Grade / Year: _____ To Grade / Year: _____

E-Mail Address: _____

Physical Address of School: _____

Telephone: _____

Parent / Guardian Contact Details

Name of Father or Legal Guardian: _____

Nationality: _____

Home Telephone: _____ Mobile: _____

E-Mail Address: _____

Residential Physical Address: _____

Occupation: _____

Employer: _____

Preferred email address for correspondence: _____

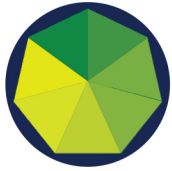
Name of Mother or Legal Guardian: _____

Nationality: _____

Home Telephone: _____ Mobile: _____

E-Mail Address: _____

Residential Physical Address: _____



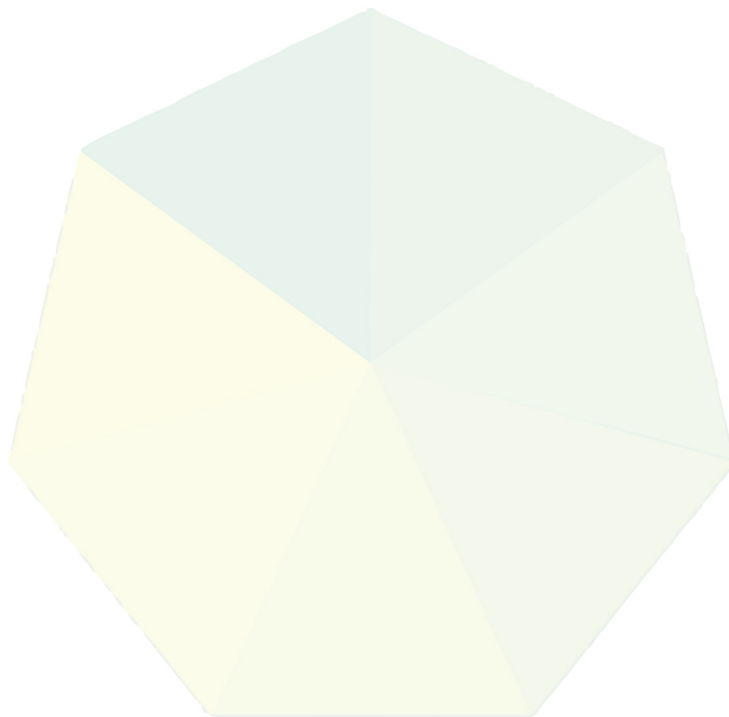
7 HILLS
INTERNATIONAL
SCHOOL
ADVENTURE IN LEARNING

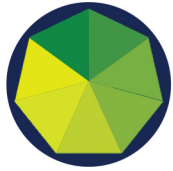
7Hills International School
Plot 11A Park Lane, Kololo 
+25675 2744557 
info@7hillskampala.com 
www.7hillskampala.com 

Occupation: _____

Employer: _____

Preferred email address for correspondence: _____





7Hills Media Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to 7Hills International School to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Name: _____

Signature: _____

Date: _____

Parent / Guardian's Consent

I certify that I have read this consent form in full and grant permission to the above on behalf of my child.

Name: _____

Signature: _____

Date: _____

7HILLS STUDENT MEDICAL & PHYSICAL INFORMATION FORM

Student Details

First Name _____ Middle Name _____

Surname _____

Nationality _____

Date of Birth (dd/mm/yy) _____ Gender _____

Health Information

Allergies:

(Food, medicine, insects or others)

Tick where applicable

Chronic – Recurring Health Conditions:

Asthma Diabetes Epilepsy Hepatitis Migraines Sickle Cell		
Other (please specify): _____		
Other Difficulties:		
ADHD Visual Problems	Hearing Problems	
Other (please specify): _____		
Has your child had any operations or hospitalization? Yes No		
If yes, please specify why: _____		
Does your child visit a dentist at least once a year? Yes No		
Does your child routinely take medicines? Yes No		
If yes, please specify which: _____		

Does your child require emergency medication which may need to be administered in school such as epi pen, asthma inhaler, allergy medication etc Yes No
If yes, please specify:

When was the last yellow fever and tetanus shot done?

Please attach a copy of the Vaccination card for your child to this form.

NOTE: Any personal medications to be administered at school must be provided by parents and labeled with the student's name and administration instructions.



Physical Examination Report

To be completed by a medical practitioner

Height: _____ Weight _____ Pulse: _____

Nutritional Status: _____ BP _____

Vision Screening: Distance Vision – L ____ R ____ Reading – L ____ R ____

Colour Vision: _____ Hearing Screening: _____

Systems Examinations:

Summary of Abnormal Findings:

Is there any medical condition that would prevent this student from safely participating in any physical activities or field trips? Yes No

If yes, please state condition and activities to exclude:

Name of Physician: _____

Telephone Contact: _____

Physical Address: _____

Signature: _____ Date: _____

NOTE: Any personal medications to be administered at school must be provided by parents and labeled with the student's name and administration instructions.



STUDENT EMERGENCY INFORMATION

Student Names:

First _____

Middle _____

Surname _____

Name(s) of Parents / Legal Guardians _____

Residential Physical Address _____

Distinguishing landmark(s) and proximity to your residence _____

Home Telephone _____

Mobile Telephone _____

Alternative contacts for use in case of failure to reach primary contacts

Family or Office Name _____

Physical Address _____

Distinguishing landmark(s) and proximity to address _____

Home/Office Telephone _____ Mobile _____