



Bursary Request form

Parent's First Name: _____

Parent's Last Name: _____

Guardian's Full Name (if Guardian): _____

Mobile Number: _____ Email: _____

Expected Joining Date at KISU: _____

Details of Children -

Name of Child/ren	Date of Birth / Gender	Current year group	Year Group at KISU

Previous school: _____

Father's Company Name: _____

Mother's Company Name: _____

Comments: _____

Declaration:

I confirm that I am responsible for paying my child's school fee from my personal income while living in Uganda. I am not able to reclaim the full cost of my children's education from my employer, as part of my current employment contract.

Signed : _____

Date: _____