

# MOUNT ROYAL INTERNATIONAL SCHOOL

Kanombe – Kicukiro – Kigali City

Phone: +250 784 678 065 / +250 784 634 500

E-mail: info@mountroyalinternational.rw

Web: [www.mountroyalinternational.rw](http://www.mountroyalinternational.rw)



## MOUNT ROYAL INTERNATIONAL SCHOOL STUDENT APPLICATION FORM

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

#### Place of Birth

Country: \_\_\_\_\_ Province: \_\_\_\_\_

District: \_\_\_\_\_ Sector: \_\_\_\_\_

Cell: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion (Optional): \_\_\_\_\_

#### Kigali Residential Place

District: \_\_\_\_\_ Sector: \_\_\_\_\_ Cell: \_\_\_\_\_

### SCHOOL ATTENDED IN THE YEAR PRIOR TO ENROLLMENT

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Class: \_\_\_\_\_

#### School Address

Country: \_\_\_\_\_ Province: \_\_\_\_\_

District: \_\_\_\_\_ Sector: \_\_\_\_\_ Cell: \_\_\_\_\_

### PARENTS & GUARDIAN(S)

#### Father's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Alive  Deceased

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Identity Card Number (or Passport): \_\_\_\_\_

#### **Mother's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Alive  Deceased

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Identity Card Number (or Passport): \_\_\_\_\_

#### **Guardian's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Identity Card Number (or Passport): \_\_\_\_\_

#### **REGISTRATION CLASS**

Select Class: \_\_\_\_\_

Tuition Fees Paid By:  Parents / Guardian(s)  Organization

If Organization selected:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

I confirm that the information provided is correct.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_