

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



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: _____