



MAGWERO SCHOOL FOR THE DEAF

FULL TIME BOARDING SCHOOL

ONLINE ADMISSION APPLICATION FORM

Please complete this form in **BLOCK LETTERS**. This form is for initial online application only. Further assessment documentation will be completed upon physical admission to the school.

1. LEARNER INFORMATION

Full Name of Learner: _____

Date of Birth: _____ Gender: _____

Place of Birth: _____

Nationality: _____

Grade Applying For: _____

Previous School (if any): _____

Home Language:

Preferred Communication Method (Tick): Sign Language / Oral / Total Communication /

Other: _____

2. MEDICAL & HEARING INFORMATION

Type of Hearing Loss (if known): _____

Degree of Hearing Loss: Mild / Moderate / Severe / Profound

Age Hearing Loss Was Identified: _____

Use of Hearing Aid? Yes / No Cochlear Implant? Yes / No

Other Medical Conditions (if any): _____

Does the learner require special medication? Yes / No

If yes, specify: _____

3. PARENT / GUARDIAN INFORMATION

Full Name of Parent/Guardian: _____

Relationship to Learner: _____

National ID/Passport No: _____

Occupation: _____

Physical Address: _____

Phone Number:

Email Address: _____

4. EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)

Full Name: _____

Relationship to Learner: _____

Phone Number:

5. REQUIRED SUPPORTING DOCUMENTS (To Be Uploaded Online)

- Copy of Birth Certificate
- Copy of Parent/Guardian National ID
- Medical Report / Audiology Report
- Previous School Report (if applicable)
- Recent Passport Size Photo

6. DECLARATION

I declare that the information provided in this online application form is true and correct to the best of my knowledge. I understand that submission of this form does not guarantee automatic admission, and that final approval is subject to review by the school administration.

Parent/Guardian Signature: _____ Date: _____