



**MONTANA
INTERNATIONAL
SCHOOL.**



CAMBRIDGE

International Examinations

Cambridge International School

Tel: +256 393 101 579 | +256 768 642 292 E: info@misu.com | www.misu.com



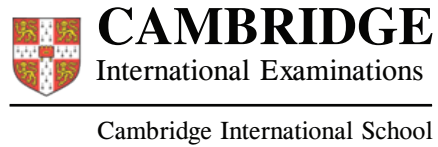
STUDENT'S ADMISSION

STUDENT NAME:.....



GRADE:.....

ADMISSION NUMBER. :.....



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Date:

To:

Admission Offer: Academic Year 2026/2027

Dear,

It is with great pleasure that we offer you admission to **Montana International School Uganda** for the 2026/2027 academic year. Your application demonstrated the curiosity, dedication, and character that we value in our student body.

We are excited to welcome you into our vibrant learning community, where we strive to foster academic excellence, creativity, and global citizenship.

Enrollment Details

Academic Year: 2026/2027

Grade Level:

Start Date:

If you have any questions, please do not hesitate to contact our admissions office.

Congratulations, and we look forward to having you join us.

Sincerely,

Ssebabi William Kizza
Principal

Montana International School Uganda



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APPLICATION FORM

(PLEASE WRITE IN BLOCK LETTERS)

**PARENT'S
PHOTO**

CHILD'S PHOTO

PERSONAL DETAILS

Student's Surname: _____ First Name/Middle Name _____

Name to Appear on Official Documents: _____

Date of Birth: _____ / _____ / _____ Gender: Male: Female:

Country of Birth: _____ Nationality: _____

Other Nationalities Held: _____ Physical Home Address Of Child: _____

Language Spoken at Home: _____

Passport Number of the Applicant: _____ Expected Date Of Student
Starting School in Uganda: _____ / _____ / _____

PREVIOUS SCHOOL ATTENDED

Name Of Previous School Attended: _____

E-Mail Address: _____ Telephone: _____

Physical Address Of School: _____

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

PARENTS OR LEGAL GUARDIAN

Name Of Father Or Legal Guardian: _____

Nationality: _____ Mobile Telephone: _____

Email Address: _____ Office Telephone: _____

Job Position: _____ Name Of Organisation: _____

Name Of Mother Or Legal Guardian: _____

Nationality: _____ Mobile Telephone: _____

Email Address: _____ Office Telephone: _____

Job Position: _____ Name Of Organisation: _____

IF YOUR CHILD DOES NOT LIVE WITH A PARENT OR LEGAL GUARDIAN

Name Of Adult: _____ Relationship To Child: _____

Mobile Telephone: _____ E-Mail Address: _____

EDUCATIONAL INFORMATION

Name & Contact Details of current school or last school attended

E-Mail Address: _____ Telephone: _____

Physical Address Of School: _____

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

Type of School : ☐ International ☐ Private ☐ Public ☐ Boarding

Curriculum: ☐ IBO ☐ IGCSE ☐ National System UK / USA / Other

Language of Instruction : _____

Do you foresee a need for your child's participation in EAL (English as Additional Language) program?

☐ Yes ☐ No

Has your child ever been tested or evaluated for any possible learning disabilities?

☐ Yes ☐ No

Has your child ever been disciplined for serious misconduct? If yes, please explain.

Has your child ever been dismissed or suspended from school? If yes, please give details.

PLEASE LIST SIBLINGS WHO ARE APPLYING FOR ADMISSION OR WHO ARE ALREADY REGISTERED AT MISU

NAME	GENDER	YEAR

CHOICE OF TRANSPORTATION?

☐ School Service Bus ☐ Family ☐ Driver ☐ Other _____

How did you hear about Montana International School Uganda ?

☐ Internet ☐ Friend ☐ School principal, teachers or employers

☐ Consulate ☐ Other _____

How long do you anticipate staying in Kampala ?

Would you like your home telephone number released to parents of students in your child's class

YES / NO (please indicate)

☐ Yes ☐ No

I declare that my child _____ is not a Citizen of the Republic of Uganda



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APPLICATION FORM

(PLEASE WRITE IN BLOCK LETTERS)

**PARENT'S
PHOTO**

CHILD'S PHOTO

PERSONAL DETAILS

Student's Surname: _____ First Name/Middle Name _____

Name to Appear on Official Documents: _____

Date of Birth: _____ / _____ / _____ Gender: Male: Female:

Country of Birth: _____ Nationality: _____

Other Nationalities Held: _____ Physical Home Address Of Child: _____

Language Spoken at Home: _____

Passport Number of the Applicant: _____ Expected Date Of Student Starting School in Uganda: _____ / _____ / _____

PREVIOUS SCHOOL ATTENDED

Name Of Previous School Attended: _____

E-Mail Address: _____ Telephone: _____

Physical Address Of School: _____

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

PARENTS OR LEGAL GUARDIAN

Name Of Father Or Legal Guardian: _____

Nationality: _____ Mobile Telephone: _____

Email Address: _____ Office Telephone: _____

Job Position: _____ Name Of Organisation: _____

Name Of Mother Or Legal Guardian: _____

Nationality: _____ Mobile Telephone: _____

Email Address: _____ Office Telephone: _____

Job Position: _____ Name Of Organisation: _____

IF YOUR CHILD DOES NOT LIVE WITH A PARENT OR LEGAL GUARDIAN

Name Of Adult: _____ Relationship To Child: _____

Mobile Telephone: _____ E-Mail Address: _____



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I, hereby, declare that I have read and understood the information above. The information provided in this form is true and accurate to the best of my knowledge.

Date:

Parent's Name:

Signature:

PLEASE SKETCH OR PASTE A MAP TO YOUR HOME WITH MAIN LANDMARKS INDICATED

OFFICIAL USE

Admitted Grade: _____

School Year: _____

Admission Date: _____

Admission No.: _____

Principles Approval: _____

FAMILY CONTRACT

As part of association with the Montana International School Uganda, we agree to uphold the following values and rules. We have explained these terms to our child, and where possible, his/her signature is also placed below.

- The school is an international community of learning in which diverse people co-exist. We will educate our child to treat peers, teachers, and all employees with respect and compassion, in line with the Guiding Statements of the school.
- The school will offer best teaching practice day by day. We will provide positive reinforcement and support of schoolwork at home.
- We will encourage questions and discussion at home about education, values and school policy. We will send feedback to the school only via official channels so that possible changes may be considered.
- The school will communicate regularly through e-mail and newsletters about academic courses and care of students. We will attend meetings convened by the School for the benefit of our child. We will participate actively in his/her study and personal development.
- The school provides professional teachers who care personally for students. We understand this care is given in good faith and 'in loco parentis'. In loco parentis is a two-way agreement in which the teachers will take care of and be responsible for the students, and the parents will trust the teachers to do so. This relationship is particularly pertinent to trips.
- The school will maintain high standards of security and the behavioural norms necessary for a community to thrive. We will abide by all rules and regulations of the school. Where relevant, we are familiar with the Secondary School Code of Conduct. In particular we are aware, as a family, of Montana International School Uganda's policies regarding bullying and the suspected or actual misuse of drugs, including alcohol and tobacco.
- We accept that a student who breaks the laws of Uganda may be deemed to have broken the rules of the school.
- We understand the need for security measures at the school and we agree to:
- Respect the instructions given by the security guards
- We accept that the School's decision, supported by the Board of Governors, is final in all matters of education, discipline, and enrolment.
- We accept that our children may be photographed in the course of daily school activities, and such photographs may be used in the Year book, the Newsletters, on the Website or posted on the internet or around the school.

STUDENT NAME:.....

PARENT'S NAME :.....

PARENT'S SIGNATURE.....

MEDICAL FORM

(PLEASE WRITE IN BLOCK LETTERS)

STUDENT MEDICAL EXAMINATION & HEALTH HISTORY FORM

PART A: STUDENT & PARENT BIO-DATA

To be filled completely by the Parent or Guardian in BLOCK LETTERS.

Student's Full Name:

Date of Birth:

Gender:

☐ Male ☐ Female ☐
Other

Class/Year Group:

Nationality:

Parent/Guardian Name:

Primary Phone:

Alternative Phone:

Residential Address:

PART B: STUDENT MEDICAL HISTORY & ALLERGIES

To be completed by the Parent/Guardian. Please tick appropriate boxes.

Does the student have a known history of any of the following?

- | | | |
|--|--|---|
| ☐ Asthma / Respiratory Issues | ☐ Epilepsy / Seizures | ☐ Diabetes (Type 1 or 2) |
| ☐ Sickle Cell Disease / Trait | ☐ Heart Problems / Congenital | ☐ Severe Allergies (Food/Drugs) |
| ☐ Hearing / Visual Impairment | ☐ Chronic Skin Conditions | ☐ Behavioral / Anxiety Disorders |

If any box is checked, give details
(triggers, daily management):

Current Routine Medications:

Does student carry Inhaler/EpiPen?

☐ Yes ☐ No

PART C: CLINICAL MEDICAL EXAMINATION

To be completed, signed, and stamped by a Registered Medical Practitioner at a certified health facility.

Height (cm): _____ Weight (kg): _____ Blood Pressure: _____

System/Condition	Normal	Abnormal Findings / Remarks
General Skin, Scalp & Physical Appearance	☐	
Eyes, Vision & Visual Acuity	☐	
ENT (Ears, Nose, Throat) & Dental Health	☐	
Cardiovascular System (Heart Sounds/ Rate)	☐	
Respiratory System (Chest / Lungs)	☐	
Abdomen, Gastrointestinal & Hernia	☐	

Required Entry Diagnostic Screening (Ugandan Standards):

Blood Slide for Malaria / mRDT: _____

Complete Urinalysis: _____

Blood Group & Rhesus: _____

Hemoglobin (Hb) Level: _____

Pregnancy Test (HCG):

(For senior female students if required)

☐ Negative ☐ Positive ☐ Not Applicable

Medical Fitness Declaration:

Is the student physically fit to participate in full school athletic activities and Physical Education (PE)?

☐ Fully Fit ☐ Fit with modifications ☐ Unfit

Doctor's Comments: _____

Practitioner Name: _____

Registration No: _____

Signature: _____

Date: _____

Official Clinic / Hospital Stamp

PART D: PARENTAL MEDICAL CONSENT & DECLARATION

1. **Accuracy of Information:** I hereby declare that the medical history and details provided in Parts A and B are true, comprehensive, and accurate to the best of my knowledge.
2. **First Aid & Emergency Medication:** I authorize the designated school nurse or first aider at Montana International School Uganda to administer routine over-the-counter first aid treatments and emergency medications (e.g., Paracetamol, Ibuprofen, or simple antihistamines) according to the school's clinical policy.
3. **Emergency Medical Response & Evacuation:** In the event of an acute medical emergency or severe trauma where I cannot be reached immediately, I authorize the management of Montana International School Uganda to transport my child to the nearest certified medical facility or the school's contracted provider, and give full permission for licensed medical personnel to administer vital emergency procedures and treatments.

Parent/Guardian
Name:

Relationship to
Student:

Signature:

Date:

MISU SWIMMING CLASSES

Please complete and return the slip below to the School Secretary, on the first day of your child/children starting at the school.

Children taking part in swimming lessons are expected to have a level of competence in water to be able to swim the width of the school pool (9m) unaided. This basic level of proficiency is a condition of their participation in swimming classes at school.

Children who meet this requirement will be coached to improve their swimming confidence, style, technique and stamina during their swimming lessons. Students who do not meet this requirement will take part in alternative sports. PE staff will assess the competency of students in the first swimming lesson and those deemed unable to swim 9m will take part in alternative sports.

Swimming Competence

I understand and accept that MISU and its staff cannot accept any responsibility for the safety of children in our pool who are not at least competent swimmers. I also understand that my child will not be allowed to take part in swimming classes until they reach the required competency level.

Child's Name _____ Class _____

Parent/Guardian signature _____ Date _____

OFFICIAL USE

Admitted Grade: _____ School Year: _____

Admission Date: _____ Admission No.: _____

Principal's Approval: _____



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FEES STRUCTURE JUNIOR SECTION 2026 / 2027

FEES STRUCTURE - CAMBRIDGE SCHOOL, ACADEMIC YEAR 2026/27

A. On admission (One off payment)

Details:	Lower classes	Upper classes
- Admission (Payable once)	\$100	\$100
- Uniform (Payable once)	\$80	\$100

B. Others

Optional:					
	Service	Full Year	Installment Payments		
			1st Term - 40%	2nd term - 40%	3rd Term - 20%
	Transport	\$300	\$120	\$120	\$60
Mandatory:					
a)	Tuition				
	KG1 – 3	\$1,200	\$480	\$480	\$240
	Reception	\$1,350	\$540	\$540	\$270
	Year 1 - 2	\$1,500	\$600	\$600	\$300
	Year 3 - 6	\$1,800	\$720	\$720	\$360
b)	Medical	\$100	\$40	\$40	\$20
c)	Resource	\$100	\$40	\$40	\$20
d)	Meals:				
	KG1- 3	\$250	\$100	\$100	\$50
	Reception	\$250	\$100	\$100	\$50
	Year 1 - 6	\$250	\$100	\$100	\$50

C. Discounts:

Family Discount	
2 children	5%
3 children	7.5%

Annual Payment Discount	
Full year – 1 Child	7.5%
Full year – 2 Children and above	3%+ Family discount

Bank Details

Name of the Bank: CENTENARY BANK
 Account Number: 3100118080
 Account Name: MONTANA INTERNATIONAL SCHOOL
 Currency: USD (Sterling Account)

NOTE:

- Full year payment should cover all mandatory fees for one to benefit.
- All discounts are computed against tuition fees (column named TUITION).
- Once a learner is enrolled on a particular program/arrangement for an academic year; withdrawing from it before the academic year ends should first be discussed with the administration for approval. Otherwise, it will attract a penalty and there will not be a refund.

MANAGEMENT



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FEES STRUCTURE HIGH SECTION 2026 / 2027

FEES STRUCTURE - CAMBRIDGE SCHOOL, ACADEMIC YEAR 2026/27

A. On admission (One off payment)

- 1) Admission fees (Payable once) \$100
- 2) Uniform (Payable once) \$100

B. Others

Optional:					
	Service	Full Year	Installment Payments		
			1st Term - 40%	2nd term - 40%	3rd Term - 20%
	Transport	\$300	\$120	\$120	\$60
	Boarding	\$900	\$360	\$360	\$180
Mandatory:					
a)	Tuition				
	Y7 - 9	\$3,000	\$1,200	\$1,200	\$600
	Y10 -11	\$3,300	\$1,320	\$1,320	\$660
	Y12 -13 - Sciences	\$3,900	\$1,560	\$1,560	\$780
	Y12 -13 - Arts	\$3,600	\$1,440	\$1,440	\$1,440
c)	Resource	\$100	\$40	\$40	\$20
d)	Meals	\$250	\$100	\$100	\$50

C. Discounts:

Family Discount	
2 children	5%
3 children	7.5%
4 children and above	10%

Annual Payment Discount	
Full year – 1 Child	7.5%
Full year – 2 Children and above	3%+ Family discount

Bank Details

Name of the Bank: CENTENARY BANK
 Account Number: 3100118080
 Account Name: MONTANA INTERNATIONAL SCHOOL
 Currency: USD (Sterling Account)

NOTE:

- a) Full year payment should cover all mandatory fees for one to benefit.
- b) All discounts are computed against tuition fees (column named TUITION).
- c) Once a learner is enrolled on a particular program/arrangement for an academic year; withdrawing from it before the academic year ends should first be discussed with the administration for approval. Otherwise, it will attract a penalty and there will not be a refund.

MANAGEMENT

Academic Year Calendar 2026 - 2027

August

Sun Mon Tue Wed Thu Fri Sat

2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

10-13 Staff in Service / New Staff Induction (No Classes)

14 **Open Day**

17 First Day of Term 1

24 CEM Assessments Start

Term 1

January

Sun Mon Tue Wed Thu Fri Sat

							1
3	4	5	6	7	8	9	2
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

4 Staff in Service (No Classes)

5 First Day of Term 2

11 CEM Assessments Start

22 **Coffee with the Curriculum Coordinator (CCC)**

26 Public Holiday - NRM Liberation Day

Term 2

April

Sun Mon Tue Wed Thu Fri Sat

							1
4	5	6	7	8	9	10	3
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

5 Staff in Service (No Classes)

6 First Day of Term 3

22 International Earth Day

Term 3

September

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

5 **Coffee with the Curriculum Coordinator (CCC)**

5 **Parent Information Meeting - Candidate Classes**
(Year 6 & 9, ICSE, AS & A Levels)

11 **PTO Selections**

14-17 Student Council Campaigns

18 Student Council Elections

21 Student Council Investiture Ceremony

21-25 Careers Week

February

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

1 Class Photos Start

12-13 Overnight Trip - Year 6

12-16 Mid-Term Break

16 Public Holiday - Archbishop Janani Luwum Day

19 **Family Language Day**

22 Mock Exams Start - Year 6 & 9, ICSE, AS & A Levels

22 Term 2 Exams Start

26 International Stand-Up to Bullying Day

May

Sun Mon Tue Wed Thu Fri Sat

							1
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

1 Public Holiday - Labour Day

3 Checkpoint Exams Start (TBD) - Year 6 & 9

3 Cambridge Exams Start (TBD) - ICSE, AS & A levels

17 Public Holiday - Eid al-Adha (TBD)

24 Term 3 Exams Start

October

Sun Mon Tue Wed Thu Fri Sat

							1
2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

1 **Global Village**

2 Staff Appreciation Day (No Classes)

3-6 Overnight Trip - Secondary

5 World Teachers' Day

5-9 Mid-Term Break

9 Public Holiday - Independence Day

12-16 Staff Appreciation Week

16 World Inclusion Day Observance

20 **Family Check-in**

26-30 Book Week

30 Spelling Bee

March

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

5 **Parent Information Meeting - Candidate Classes**
(Year 6 & 9, ICSE, AS & A Levels)

8 Public Holiday - International Women's Day

10 Public Holiday - Eid al-Fitr (TBD)

12 Field Trip - Primary

19 International Francophone Day

24 **Sports Day**

25 **Student-Led Conferences** (No classes / Term 2 Ends)

26 Public Holiday - Good Friday

28 Easter Sunday

29 Public Holiday - Easter Monday

30-2 Term 2 Break

June

Sun Mon Tue Wed Thu Fri Sat

							1
							2
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

3 Public Holiday - Martyrs' Day

4 Step-Up Day - Year 6 & 9

9 Public Holiday - National Heroes' Day

16 **Family-Teacher Conferences** (No Classes)

18 **Celebration of Learning / Graduation - EY 3,**
Year 6, ICSE & A level (No Classes)

21-25 Staff in Service (No Classes)

November

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

16-20 Art Week - Secondary

21 **PRO Family Fun Fest**

23 Term 1 Exams Start

December

Sun Mon Tue Wed Thu Fri Sat

							1
							2
							3
							4
							5
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

10 Cultural Day

11 **Three-Way Conferences** (No Classes / Term 1 Ends)

14-1 Term 1 Break

School Events

Staff in Service (No Classes)

Public Holidays / Weekends

School Holidays

School Days

Events with Family Participation

Admin Office Hours

School Days: 7:30am - 5:00pm

Saturday / School Holidays: 9:00am - 4:00pm

Sunday / Public Holidays: Closed

Finance Office Hours

School Days: 7:30 am - 4:00pm

School Holidays: 9:00am - 4:00pm

Weekends / Public Holidays: Closed

Term 1

80 Days

First Day: 17th August 2025

Last Day: 11th December 2025

Term 2

52 Days

First Day: 5th January 2026

Last Day: 25th March 2026

Term 3

50 Days

First Day: 6th April 2026

Last Day: 18th June 2026





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