

**MOTHER’S PRIDE PRIMARY AND NUSERY SCHOOL PLOT 2329-
ALONG ELIZABETH NANTEZZA ROAD - HAM MUKASA VILLAGE -
MUKONO DISTRICT**

Tel: 0779582368
0752582368
0752398433

P.O. Box 36542
Kampala

Date:

Dear Parent/ Guardian,

OFFER OF ADMISSION TO THE PRIMARY/ NUSERY SCHOOL

Name of pupil: Class:

Starting date: House:

Thank you for your application to this school and the interest you have shown in Mother’s pride Primary and Nursery school- Mukono. I am happy to inform you that following the recent interview, the school has made an offer of admission. We look forward to welcoming your child as a pupil and you as a parent/ guardian of mother’s pride primary and nursery school.

Mother’s pride has a lot to offer your child. Priority is given to learning but pupils participate in a wide range of school life activities developing the qualities and values that will lead to their personal success.

Nursery level children are helped to adapt to the environment out of their homes. Activities including swimming, games, drawing, singing, dancing, painting, drama, playing with educational toys and use video/ audio cassettes.

Teaching and learning to be effective and meaningful involves a partnership between the child, teacher and parent/ guardian. We should work together, striving for the best educational and social progress of our children. We anticipate your involvement in school activities, in parent – teacher meetings, in supervision, homework and helping to ensure that it is done on time, presentably to the fullest potential of the child.

School fee is shs 730,000 (Nursery –p.3 and day scholars) and shs 850,000 (Boarding section)

School fees should be paid directly to the school’s bank account (CENTENARY) using the school pay system.

Prior to the first day of term, all parents/ guardians are asked to consent and sign:

- School rules, regulations, and important information for primary and nursery parents /guardians.
- Also, study **“Purchases to be made upon admission”** which mainly concerns school uniform and games kit.

Should you have any query, please contact the school administration.

Yours sincerely,

.....

Mr. Okumu Ambrose

Head of School.

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SCHOOL RULES AND REGULATIONS

The head teacher's decision in any matter concerning admission and placement in a particular class is final.

1. All items such as uniform or personal property should be clearly marked with the child's name.
2. Children should not bring in school any of the items: video games, Ipad, mobile phones, sharp objects, calculators etc.
3. Throwing stones and other harmful objects is unacceptable behavior.
4. Absenteeism without informing the school authorities is unacceptable. Alternatively, a parent may telephone or send a note on the first day of absence.
5. Any child living school during school hours must have a gate pass from the head teacher.
6. The school administration reserves the right to dismiss, suspend or discipline a learner who commits a serious offence.
7. All children should wear full clean school uniform during school days.
8. Packed foodstuffs are not allowed in school. The child can only bring a drink.
9. Children should be collected from school at 4:30 pm. If a parent is unable to pick up a child, arrangements must be made with head teacher or teacher in advance.
10. Fighting and bullying are punishable offences.
11. All children's hair must be kept short all the time. Hair styles are not permitted.
12. The school official language is English. The use of abusive language is unacceptable.
13. Jewelry is not permitted except that girls wear one pair of post earrings of the study type.
14. Respect all property for the school and other children.
15. Any unhygienic or dirty pupil will not be allowed to attend school
16. Class homework is compulsory for all children except baby and middle class

Name _____ class _____ date _____ sign _____

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MEDICAL EXAMINATION FORM

Children for admission school present themselves for examination to their district medical offices or medical practitioner with this form. Any expense is borne by the child.

PART A (filled by the applicant and confirmed by the parent/ guardian)

Surname ----- Other names -----

Last school _____ Age _____ gender M F

Nationality _____ Name of the parent/ guardian _____

Physical home address _____

Address of parent/ guardian if different from above _____

Telephone _____ (Self) _____ (parent/guardian)

1. Have you ever suffered from pneumonia? Y/N if yes, when did it occur? _____
2. Have you ever had a serious illness or accident requiring you to be a patient in a hospital? Y/N if yes, what was the reason? _____
3. Have you ever coughed up blood? Y/N _____
4. Do you ever have discharge form your ears? Y/N _____
5. Do you have any allergy? Y/N _____
6. Do you suffer from;
 - i. Sickle cell anemia Y/ N _____
 - ii. Diabetes Y/N _____
 - iii. Fits Y/N _____ -
 - iv. Asthma Y/N _____
 - v. Digestive complaints Y/N _____

If yes to asthma, what is the name of the inhaler you use?

7. Do you suffer from any other illness? Y/N _____

8. Have you ever been diagnosed with
- i. A psychological disorder Y/N _____
 - ii. A learning disorder Y/N _____
- If yes, please describe _____

9. Do you have any physical disability? Y/N _____

10. Have you ever withdrawn from boarding? Y/N _____

11. When were you last vaccinated against

- i. Tetanus _____
- ii. Polio _____
- iii. Cholera _____
- iv. Meningitis _____

Signature of applicant _____ Date _____ --

PART B (filled by the medical officer: please print your business Name

_____ **Qualifications** _____ **Location** _____)

1. Relevant details of any illness given by applicant _____
2. What is blood pressure? _____ Weight _____
3. Heart: is there any evidence of disorder e.g. murmur? _____
4. Eyes: (a) visual activity R _____ L _____
(b) Conjunctiva _____ (c) Other comment _____
5. Ears _____
6. Teeth _____
7. Genitals _____
8. Skin _____
9. Limbs: is there any evidence of deformity, which would handicap his/ her studies in school? _____
10. Abdomen: is there any defeat of defect e.g. hernia that requires attention?

11. Any sign of pregnancy in case of female? _____
12. Chest: is there any sign of pleurisy or TB? _____
13. X-ray report _____
14. Lab report: Albumen _____
Sugar _____
Urine _____
Ulcers _____

15. Other observations or relevant findings: _____

16. Is there any concern over the student/pupil being a boarder?

17. Having examined the above mentioned student, I consider

He/ she is medically fit

The following conditions should be considered before his or her admission.

The following conditions should be attended to immediately on arrived at school

Signed _____

stamp _____ date _____ phone _____

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PUPIL DATA FORM- PRIMARY/NURSERY

This form should be filled after admission is granted to a nursery / primary applicant.

Attach photocopies of birth certificate, two most recent reports and leaving certificate of previous school (If applicable) and immunization card.

Please also provide 2-passport size colored photographs

Please remember to up to date the school if the contact details change.

A. PARTICULARS OF PUPIL

1. (a) surname _____
(b) First and middle name _____
(c) Gender M F
(d) Religion & Denomination _____

2. (a) date of birth _____
(b) Place of birth _____
(c) Position in family _____ of _____ (e.g. 2nd of 4)

3. Place of residence
(a) Plot no _____
(b) Street or road _____
(c) District _____

4. (a) nationality _____
 (b) Home district _____
 (c) Admission required for class _____
5. (a) admission required for class _____
 (b) starting date) _____
6. Previous schools attended
 - i. School _____ from class _____ to class _____
 - ii. School _____ from class _____ to class _____
 - iii. School _____ from class _____ to class _____

Details of

- (a) Any health problems or disability that the school should be aware of _____
- (b) Any allergies _____
- (c) Does your child have any special education needs yes/ no?

If yes, please give details _____

7. For students only:
 - a) Reason for leaving previous school _____
 - b) Name and contact of the head teacher of the previous school _____
 - c) Special talent (e.g. In sports, art, music) and details of wards _____
 - d) What is your child's first language? _____

	FATHER	MOTHER
1. Full name		
2. Country of residence		
3. Nationality		
4. Home district		
5. Religion		
6. Occupation		
7. Postal address		
8. Mobile phone		
9. E-mail		

10. Parents / guardians are warmly encouraged to get involved in aspects of school life e.g. in the careers programmers, life skills, parenting, counselling. Sports or other special area of expertise

If interested, please mention the area of involvement.

11. Is there any other information you wish to provide in support of this application?

C. PERSON PAYING SCHOOL FEES.

Person paying school fees: father Mother other

(a) If other, please fill below:

- i. State the relationship _____
- ii. Postal address _____
- iii. Physical address _____
- iv. Phone _____
- v. Mobile _____
- vi. Office _____
- vii. Email _____
- viii. Home _____

D. PERSON TO CONTACT IN CASE OF EMERGENCY

(a) Please give details below of a person who can be contacted locally it:

- (i) The parent or person paying school fees resides of Uganda
- (ii) The parent or guardian is unavailable

(b) Name of the person

(c) Relationship

(d) Postal address

(e) Physical address

(f) Phone _____

(g) Office _____

(h) Mobile _____

(i) Home _____

(j) Email _____

E. DECLARATION

I, _____ the undersigned, hereby apply for admission into mother's pride primary and nursery school class _____. I declare that the information I have given in this application is correct to the best of my knowledge and belief.

Signature _____ pupil _____ date _____

F. FOR SCHOOL USE ONLY

Decision _____ Admission _____ Date _____