



SEETA PARENTS PRIMARY SCHOOL LTD (DAY AND BOARDING)

P.O BOX 254 (Mukono - Uganda)
Tel : 0701421031, 0772 - 421031, 0700 - 421 031, 0700421044
Email. sectaparents@yahoo.com, Website : www.sectaparents.org

3 passport
photos for the
parent

3 passport
photos for the
child

INFORMATION FORM

This form must be completed by the PARENT/GUARDIAN himself/herself after he/she has read and fully understood the information about the school. Find that information in the next pages.

- Attach herewith;-
- i) Three (3) copies of passport size photographs of the child.
 - ii) Two (2) copies of passport size photograph of each parent/ guardian.
 - iii) Immunizations card / birth certificate

TO BE COMPLETED IN FULL (USE CAPITAL LETTERS)

1. CHILD'S SURNAME: _____
OTHER NAMES : _____

2. DATE OF BIRTH :
DAY _____ MONTH: _____ YEAR: _____ AGE: _____
NATIONALITY: _____

3. b) CLASS APPLIED FOR: _____
c) HOME DISTRICT; _____
d) RELIGION: _____

4. NAME OF PARENT/ GURDIAN: a) MOTHER: _____ FATHER: _____
b) PLACE OF WORK / NAME OF BUSINESS: _____
c) OCCUPATION _____
d) P.O BOX : _____ TEL (MOB) : _____
e) Email Adress: _____

5. PREVIOUS SCHOOL THE CHILD ATTENDED (IF ANY)

NAME OF SCHOOL	CLASS

6. AREA OF RESIDENCE:
a) TOWN / VILLAGE: _____
b) PLOT _____ STREET: _____
c) P.O BOX _____ TEL(MOB) _____

7. IF YOU ARE AN OLD PARENT OF THIS SCHOOL, LIST DETAILS OF CHILD(REN)

NAME OF CHILD	CLASS

8. OTHER PERSON (S) / FRIEND/NEIGHBOUR TO BE CONTACTED IN CASE OF EMERGENCY.

	NAME (S)	PLACE OF WORK	CONTACT/ PHONE NO. / EMAIL
1			
2			
3			

ANY ABNORMALITY / SPECIAL CASE/ ILLNESS OF CHILD THAT STAFF SHOULD KNOW:

PERSONAL DOCTOR / CLINIC _____ CONTACT _____

N.B. AVAIL MEDICAL DOCUMENTS

9. **TRANSPORT:** (DAY SCHOLARS) HOW WILL THE CHILD COME TO AND FROM SCHOOL (TICK)
 a) ON FOOT B) BY FAMILY CAR C) PUBLIC TRANSPORT D) TRANSPORTATION COMPANY REGISTERED BY THE SCHOOL.

10. **DECLARATION**

I _____ (CAPITAL LETTERS) the parent/ guardian of the above-mentioned child, **DECLARE** that the information given is the true detail of my son/ daughter. In case of alternation, communication will be made to administration.

OFFICIAL USE DOCUMENTS ATTACHED

_____ _____

PARENT'S SIGNATURE _____ ADMN. SIGNATURE _____

MAP TO YOUR HOME

--