

Name of Pupil SexAge

Present School

Mother's / Guardian's Name

Contact Address (Physical)

.....

.....

Tele

Father's / Guardian's Name

Address (Physical)

.....

TeleEmail

Does your child have any disability?

Class requested. Please tick

Primary 1 Primary 2 Primary 3 Primary 4 Primary 5

Day or Boarding requested. Please tick

Boarding Day

Please attach photocopies of your child's Baptismal Certificate (both Sides) Birth Certificate from Government (not hospital) and school report of the second term, to be received by this school by the end of October.

LIN (learners identification number) is also required by this school from all pupils coming from another school. Also required, photocopies of National IDs of both parents on one page.

Return this form to Coloma Primary School, P.O. Box 171, Mbarara.

Date

Pay 2,000/-