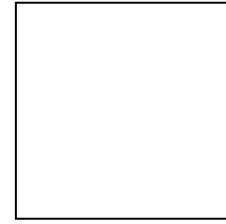


PHERRY JUNIOR SCHOOL

“Quality Education with A Purpose”

P.O BOX 697, MUKONO

TEL: 0772/0702 466368



REGISTRATION FORM

A. Pupils Personal Information:

First name: _____ Surname of child _____ Other Names _____ LIN _____

Date of Birth _____ Age _____ Sex _____ NIN _____

Nationality _____ Tribe _____ Religion _____

Class applied for _____ Previous Term's class _____ Term _____

B. Previous School (if applicable) _____

C. Parent's/Guardian's Details:

➤ Father _____ NIN: _____

➤ Place of Work _____

➤ Father contact : _____

➤ Place of Residence (Lc 1/Village) _____

➤ Mother's Name _____ NIN _____

➤ Mother's contact _____

➤ Place of work _____

➤ Any other contact in case of emergency _____

D. Who will be responsible for picking the child from school?

➤ Name _____ Tel _____ Boarder/Day _____

➤ Van _____ Status _____ Village _____ Day care _____

E. Does your child have any notable medical condition (Mental/Physical) YES/NO? if yes, please indicate:

General admission comment or recommendation: _____

Declaration by Parent/ Guardian

I promise to co-operate with school management to ensure the well being and proper learning of my child and others.

Name _____ Date _____

Signature _____