



# Little Muheji Kindergarten and Primary School

P.O. Box 26337 Kampala; 0393-239-209; 0776967210; 0772419770  
[info@littlemuhejiskool.org](mailto:info@littlemuhejiskool.org); [lmsdesk@gmail.com](mailto:lmsdesk@gmail.com) [www.littlemuhejiskool.org](http://www.littlemuhejiskool.org);



## SECTION A: CHILD'S PROFILE

PUPIL REGISTRATION/PAYMENT NUMBER: .....

1. Name of the Child: .....
2. Sex: ..... Age: ..... Date of Birth: .....
3. Health status of the child: .....
4. Class being registered for: .....
5. Previous school and class if any: .....
6. Major habits of the child: .....
7. Other services signed for: 1. Daycare  2. Transport  3. Swimming
8. If transport: Village: ..... Main feature around.....
9. Mode of transport: 1. Return  2. Full  Amount charged .....

## SECTION B: PARENTS' / GUARDIAN'S PROFILE

NAMES	TEL. NO.	WORKPLACE	VILLAGE/RESIDENCE

Parent's/Guardian's Email Address: .....

Family friend/relative in case the above can't be reached.

Names: ..... Tel. ....

Hospital/clinic commonly used by the family: .....

Parents' guardian sign: ..... Profession.....

Date: .....