

MAAMA JUNIOR SCHOOL-MALABA

P.O BOX
Malaba – Uganda



TEL: (+256)706991300
(+256)772856143
(+256)706991512

APPLICATION FORM 2025/2026

TERM _____ CLASS _____

(To be returned to the school with the photocopy of the immunization card or birth certificate)

1. Registration No.....
2. Child's name..... Sex..... Date of Birth.....
3. Child's religion.....
4. Former school.....
5. Child's local language..... Does the father stay with the mother....., if not name the person responsible for the child..... contact
6. Name of the father..... occupation.....
Place of residence..... Mother's name.....
Occupation..... Parents Tel.....
7. Was your child immunized?(attach copy of immunization form)
8. Does your child have any physical handicap?.....if so state.....
9. Child's relatives at this school.....
10. Who introduced you to this school?.....

State any other special information about your child that you think the school should note.....

To the best of my knowledge, I certify that all the information given is **true and correct**. I am willing to fulfill **all the school requirements**. I accept and abide by any changes brought in the school for the welfare of the child.

NAME OF PARENT/GUARDIAN.....

Sign..... date.....

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VISION: "To become a high quality education provider in the region"

EMAIL: maamajuniorschool@gmail.com

Page 1