Tula Zone 2, Kawempe Division
P.O BOX 162582 Kampala
+256787657268 / +256703683054
mlcdesk20@gmail.com / admin@mlc.ac.ug

Please complete the form and submit it to the school in person or via e-mail.

Child details:

Surname: …… First Name: …….

Date of Birth: …… Gender: ……..

Previous Schools attended:

District: …… Former Class: …… Class Applied for: ……

Guardian Details:

Name: ……

Occupation: ……

Mobile Number: …… E-mail Address: …….

Mother's Details:

Is Mom Deceased (Yes/No) …….

Full Name: ……

Occupation: ……

Mobile Number: …… E-mail Address: …….

Father's Details:

Is Father Deceased (Yes/No) …….

Full Name: ……

Occupation: ……

Mobile Number: …… E-mail Address: …….

Next of Kin:

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Name: ……

Occupation: ……

Mobile Number: …… E-mail Address: ……

Area of Residence:

Village/Zone: …… County/Division: ……

Home Contact: …… Mobile No: ……

District: ……

Child Health:

Does the child have any Disabilities? (If yes, please specify)

Has the child any chronic Diseases? (If yes, please specify)

Does the child have any food allergies? (List down food that the child doesn't eat)

Acknowledgement:

I, ……father, mother, guardian of - …… joining in …… class, do agree that all the information given above is accurate and true to the best of my knowledge.

Signature: …… *Date:* ……

Attach photocopy of:

Previous School Report Birth, Certificate of Child, ID Copy of Parents / Guardian

Passport Photo of Child, Passport Guardian, Mother, Father