

# LUKMAN PRIMARY SCHOOL

P.O.BOX 10528 KAMPALA

Tel. 0393-217455/0701-961555/0776-963871 Email: lukmanps2004@gmail.com

## ADMISSION FORM

(Please use black or blue ink in block letters)

Full name of child.....Sex .....

Date of birth ..... Day ..... Month ..... Year.....

Country of birth ..... Nationality .....

Home address (P.O.Box) ..... Tel:.....

Street ..... Plot No. ....

Full name of father .....

Nationality ..... Occupation .....

Employer ..... Tel:.....

Postal address ..... Street address .....

..... Tel: .....

Village ..... Parish ..... Sub-county .....

County ..... District .....

Full name of mother .....

Nationality ..... Occupation .....

Employer ..... Tel:.....

Postal address ..... Street address .....

..... Tel: .....

Village ..... Parish ..... Sub-county .....

County ..... District .....

With whom does the child live? (Use a tick)

(i) Parents  (ii) Father  (iii) Mother  (iv) Next of kin

If (iv) above (other) please state;

Full name ..... Relationship with applicant.....

..... Nationality .....

Occupation ..... Employer .....

Tel:..... Postal address .....

Village ..... Parish ..... Sub-county .....

County ..... District .....

State full name of individual or employer responsible for payment of school fees.

.....

Previous schools attended and dates:

(Please attach report forms, any other academic papers, and translations where necessary).

Name of school .....

Full address .....

Classes attended .....

From ..... To .....

Name of school .....

Full address .....

Classes attended .....

From ..... To .....

Name of school .....

Full address .....

Classes attended .....

From ..... To .....

Please state reasons for changing from the previous school(s).

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.....

**1. Medical history.**

In case of a medical emergency, please advise us which doctor to consult:

Full name of Doctor:.....

Name of hospital, clinic or Health center:.....

Telephone .....

Street address .....

Would you approve of us contracting you to come and collect the child in case he/she is seen to be unwell during the day?

If yes, please give details of how you would like this to be done:

.....  
.....

**2. Immunization:**

For a child to be admitted into this school, he/she MUST have undergone vaccinations or tests. Please state whether these have been received by filling YES or NO in the provided attached copies of the relevant certificate.

Vaccine against Tetanus

Vaccine against Polio

Vaccine against measles

Vaccine for Bacille of Calmat and Guerine (BCG)

If there is any other test(s) carried out please indicate dates and results.

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3. Does he/she suffer from allergies/asthma, or any other infection? If yes, please specify.

.....  
.....

4. Is the child on regular medication? If yes please specify.

.....  
Please provide details of relevant information about the child's health or physique that calls for our urgent attention.  
.....  
.....

**Role of parents/Guardians:**

We highly rank the parents' involvement in the day-to-day life of the school. If you would like to help us, please let us know, specifying your area of interest. These may range from sports through Micro group interactions, mother tongue instruction, religious/spiritual awareness, to field trips among others.  
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Please enclose the following items with your admission form and confirm (yes) enclosed or (Not) enclosed.

NO.	ITEM	YES/NO	COMMENT(S)
1.	3 passport size photos		
2.	A copy of birth certificate or passport		
3.	Route and map to child's home		
4.	Medical forms		
5.	School report forms and tests		

Any other information that may be of help to us;  
.....  
.....

Signature of Parent/Guardian:

Date:

.....  
.....

Full name in capital letters

Signature:

.....

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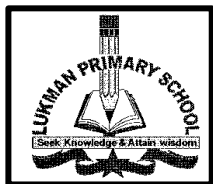
**FOR SCHOOL USE ONLY:**

Date of application receipt: .....

Date of Entry: .....

Comments:

.....  
.....



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**“In the name of Allah, the most gracious, the most merciful”**

**SCHOOL MEDICAL CHECK UP FORM**

Name:..... Class ..... Adm. No. ....

Parent/Guardian’s Name ..... Tel:.....

**A. GENERAL EXAMINATION:**

- 1. Wt .....
- 2. Ht .....
- 3. Eyes .....
- 4. Teeth .....
- 5. Skin .....
- 6. Chest .....
- 7. Ears .....

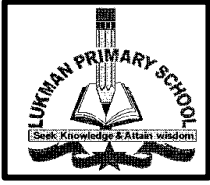
**B. SYSTEMIC EXAMINATION:**

- 1. Respiratory system: .....
- 2. Cardiovascular system:  
Pulse ..... (BP) ..... Heart murmurs
- 3. Central Nervous System:.....
- 4. Abdomen: .....
- 5. Musculoskeletal System:.....
- 6. Genito – Urinary System:.....

**C. MEDICATIONS:**

Allergies.....

Doctor's Name:.....



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## **SCHOOL RULES AND REGULATIONS**

1. All pupils must be punctual.
2. Pupils must pay due respect to the teachers and all people in whom the Head teacher's authority may be vested.
3. Pupils are not allowed to bring money, eat or drink except with permission from the school administration.
4. English and Arabic are the official languages of the school, except in the particular language sessions.
5. Pupils must not leave school during school hours without permission from the Head teacher or teachers on duty.
6. Pupils must attend the five daily prayers in congregation (Jama).
7. Absenteeism without a genuine reason is strictly forbidden. In case of sickness, a letter from the doctor or parent will be required for explanation.
8. Fighting and use of abusive language is strictly forbidden.
9. Pupils must attend all lessons, tests, examinations and co-curricular activities except where the physical or mental health does not permit.
10. Provided holiday assignments are compulsory to all pupils.
11. Sick pupils should not be sent to school.
12. Pupils should not carry home school or their fellow pupils' property and vice versa except where permission is granted from the concerned authority.
13. Destruction of school property is highly prohibited. A child shall repay damages on school property as administration may deem fit.
14. All pupils should either report to or be picked from the school not later than 6:00 pm.
15. The school disciplinary committee reserves the right of administering special punishments.

16. Visitations are restricted to the last Sunday of every school calendar month between 9:00 am - 6:00pm to visitation cardholders only. Casual visits should be channeled through the Head teacher.
17. In case of deaths, pupils shall attend funeral rites of immediate family members.
18. Staff quarters are strictly out of bounds to pupils unless granted by the school administration in case of an emergency.
19. All payments should be through the Bank.
20. Bleach of common sense is an offence.

Please observe the above rules for your benefit and that of the entire community.

**Declaration:**

We, the undersigned have read and understood above rules and pledge to abide by them in there entirelyly.

Full name of pupil:.....

Class:.....

Date:.....

Signature:.....

Full name of Parent/Guardian:.....

Date:.....

Signature:.....



# LUKMAN PRIMARY SCHOOL, ENTEBBE

P.O BOX 10528 KAMPALA

TEL: 0393 217455 (Office) 0776 963871(HM) 0775/0755 529247 (DOS)

Email: lukmanps2004@gmail.com

## SCHOOL REQUIREMENTS

### 1. Fees structure:

Admission fee	Ug shs. 100,000
Tuition fee	Ug shs. 1,060,000 per term (P.1 – P.5)
	Ug shs. 1,260,000 per term (P.6 - P.7)
Interview	Ug shs. 60,000

### 2. Uniform Fee: (To be paid once annually)

Ug shs. 560.000

3. A pair of black shoes.
4. A pair of canvas shoes for sports.
5. A pair of leather open shoes.
6. A pair of gumboots for practical agriculture.
7. 2 pairs of grey stockings with green and white strips.
8. 2 pairs of night wear.
9. 3 pieces of hand kerchiefs.
10. Half a dozen of underpants.
11. A medium sized school bag.
12. Pant peg.
13. Nail cutter.
14. Medical check-up form.
15. Report form from the previous school.