



THE REPUBLIC OF UGANDA

MINISTRY OF EDUCATION AND SPORTS
ASSESSMENT FORM FOR LICENSING AND REGISTRATION OF
PRE-PRIMARY AND PRIMARY PRIVATE SCHOOLS

NAME OF SCHOOL.....

TYPE OF SCHOOL..... DISTRICT.....

REQUEST (Tick) () LICENCE () REGISTRAION

Table with 4 columns: NO., REQUIREMENTS, AVAILABLE, NOT AVAILABLE. Rows list 19 requirements such as Land title, Tenants agreement, Bank statement, etc.

Observation

.....
.....
1. Recommended () 2. Not recommended ()

Reasons:

.....
Signature:..... Date:

N.B. The 1970 Education Act Section 9 states that: "No person shall teach in any public or private school of any description s/he is registered as a teacher or licensed to teach under this act".



The Republic of Uganda

**MINISTRY OF EDUCATION AND SPORTS
CRESTED TOWERS
P. O. BOX 7063
KAMPALA**

**APPLICATION FOR PERMISSION TO OPERATE NEW PRIVATE EDUCATIONAL
INSTITUTION (UNDER SECTION 22/23 OF THE EDUCATION ACT 1970)**

(TO BE COMPLETED IN TRIPLICATE)

To The Commissioner for Pre-Primary and Primary Education,
Ministry of Education and Sports,
P. O. Box 7063,
Kampala.

Thru' The Municipal Education Officer

Thru' The Municipal Inspector of Schools

SECTION ONE:

TO BE COMPLETED BY APPLICANT:

1. Declaration of nature of ownership:
Self/community/partnership/Government

(Attach)

- (a) Copies of "Partnership-deed/articles of association" duly signed
- (b) Personal CVs, showing records of employment
- (c) Letters from three referees, one of which should be from the current or last employer (s) and one of which should be from LCIII

- (d) Three passport size photographs for each of the proprietor(s)
- (e) District Health Inspectors report
- (f) Copy of school rules
- (g) List of members of the School Management Committee/Board of Governors.

- NOTE:**(i) Incase of joint venture, if one of the partners dies of changes his mind then the MOES should be notified and
- (ii) The applicant should be supported by recognized local authority at Divisional, Zonal and Sub County levels confirming the appropriateness of the school in area.

2. Owner's Address

- a) Name of School
- b) Postal Address
- c) Telephone Number

3. Institution to be established:
School particulars:

- (a) Boys/Girls/Mixed:..... (b) Day/Partly Day/Boarding:.....
- (b) Postal Address:.....
- (c) Telephone Number:.....

4. Location of the proposed institution.

- (a) Village..... (b) Parish.....
- (c) Sub County..... (d) County.....
- (e) District..... (f) Block/Plot Number.....
- (g) Street:.....

5. School Land:

- a) Area..... Hectares/Square Km
- b) Owned by;.....
Attach: (a) Land ownership documents or tenancy agreement if being rented, and
(b) A copy of site plan.

6. (a) Capital available for the establishment of the institution Shs. 6,000,000/- (Attach a copy of Bank statement opened in the name of the school or proprietor)

- (b) Fee charged per child/student per year Shs.....
- (c) Expected annual income Shs.....
- (d) Source of Income

7. Classes, Stream and Enrolment

Classes								
Streams								
Girls								
Boys								
Total								

8. Name of Head teacher:.....
 Attach three size passport photographs and a copy of personal CV including registration number, name of teacher and last station and employment record).

9. Teaching staff:

NAMES

QUALIFICATIONS:

No.	Names	Qualification	ESC REG No	Monthly salary

Attach copies of their certificate, Registration and full CVs. Also if there are more than nine (9) teachers attach their names and qualifications.

10. Facilities and Equipment/Furniture

- a) Number of classrooms.....
- b) Number of dormitories.....
- c) Library.....
- d) Number of Administrative offices
-
- e) Number of staff houses f) Staff room.....
- g) Kitchen h) Stores.....
- i) Toilets (No. of stances):.....
- j) Number of school buildings:-
 - Permanent materials.....
 - Semi-permanent.....
 - Temporary materials.....

- l) Adequacy of furniture.....
- m) Adequacy of other teaching aids/equipment.....
- n) Adequate play/sports ground.....

11 Declaration:

Icertify that to the best of my knowledge, what I have stated above is true and correct.

Date:..... Signature:.....

Title:..... Names.....

Proprietor:.....

SECTION TWO:

A: TO BE ENDORSED BY THE MUNICIPAL HEALTH INSPECTOR:

I recommend/I do not recommend permission to be granted to.....to operate.

Remarks:.....
.....

Date:..... Signature:.....

Full Names:.....MUNICIPAL HEALTH INSPECTOR.

B: TO BE ENDORSED BY THE MUNICIPAL INSPECTOR OF SCHOOLS

I recommend/I do not recommend permission to be granted to.....to operate

Date:..... Signature:.....

Full Names:.....MUNICIPAL INSPECTOR OF SCHOOLS

C: TO BE ENDORSED BY THE PRINCIPAL EDUCATION OFFICER:

I recommend/I do not recommend the application:

Give reasons:.....
.....

Date:..... Signature:.....

Full Names:..... PRINCIPAL EDUCATION OFFICER

SECTION THREE:

**TO BE ENDORSED BY THE COMMISSIONER FOR EDUCATION
(INSPECTORATE)**

**A. TO BE ENDORSED BY DESK OFFICER PRE-PRIMARY AND
PRIMARY EDUCATION**

Full Names:..... Signature:.....

Date:..... **DESK OFFICER PRIMARY
DEPARTMENT**

**B: TO BE ENDORSED BY THE COMMISSIONER PRE-PRIMARY AND
PRIMARY EDUCATION**

Full Names:..... Signature:.....

Date:..... **COMMISSIONER PRE-PRIMARY AND
PRIMARY EDUCATION**