



NAMUGONGO VIEW PRE & PRIMARY SCHOOL

P.O Box 123933 Kampala- Uganda
Tel: 0703 - 725473 / 0772-528343/ 0787 - 760602
Email: namugongoviewsch@gmail.com

Please
Attach passport
size photo here

Date;

ADMISSION LETTER

Registration No; NVPPS/ADM/2026/

Pupil's name: _____

Former school: _____

Dear Applicant,

1. Having succeeded in the interviews, I am glad to inform you that you have been offered a place in _____ class, at Namugongo View Pre-& Primary School.

You are expected to report on the reporting day between 8:00am and 5:00pm for registration. You are admitted in the school on the understanding that you will work hard at your studies, abide by the school rules and take the responsibility willingly.

2. I sincerely believe that by choosing Namugongo View Pre-& Primary School for your pre/.Primary education, you have made a wise decision.

You are joining a school whose staff is caring, loving and committed to giving quality education. With doubled effort and co – operation, we promise to provide the best.

OTHER CONDITIONS;

- Both the pupil and parent must accept to follow the school routine and observe the school rules.
- The school always depend on school fees as a source of income, therefore a child must report with a paid in bank slip. Failure to do so the parent will be required to fill the school fees payment consent form from the head teacher's office and this commitment will be valid for only two weeks.
- A non-refundable fee of **50,000/=** must be paid for admission at school and all payments must be receipted.

- d) You report punctually to begin school. If cannot report within one week, the head teacher must be notified.
- e) All admitted pupils must report with school requirements as specified.
- f) Each child must report with a person who will be responsible (parent, guardian etc).
- g) Come with admission letter, attach the bio data form fully filled, 2 passport size photos, fully filled medical form (boarders) and birth certificate if available for registration.

Note; please provide us with the pupils' bio data, read and understand the school rules and regulations observe the school requirements and do the needful.

I look forward to co-operating with you in this academic year.

Yours faithfully,

.....

KALENZI FRANCIS

HEAD TEACHER

BIO DATA FORM

The school is interested in knowing the pupils' details. So parents/ guardian provide the following information.

Please complete this form in capital letters.

Child's name: ----- Date of birth: -----

Physical address;

Village: ----- Parish -----

Sub county/ county ----- District: -----

Nationality; ----- Sex; -----

Class to which admission is sought -----

Person responsible: (please tick where applicable)

Parent Guardian Other

Name; ----- Contact (WhatsApp No): -----

Occupation: ----- Institution: -----

Physical address;

Village: ----- Parish -----

Sub county/ county ----- District: -----

Nationality; ----- Sex; -----

Parenthood; (tick where appropriate)

Both parents alive Father deceased

Mother deceased Both parents deceased

If the child is supposed to be picked, please give names of people who will collect your child from school.

Does your child have any health problem that you would like the school to know? Give details

Does the child have any disability? **YES OR NO** Type -----

In case of emergencies

Provide names of people to contact in case of any emergency.

- Name ----- Contact -----
- Name ----- Contact -----

Means of transport to be used (day scholars). Please tick

Self School van By parent

Declaration

I ----- hereby confirm that the information provided above is true.

Date ; ----- Signature : -----