



The Republic of Uganda
Ministry of Education and Sports

LEARNER EMIS REGISTRATION FORM

Attach Learner
Passport
Photograph
(3.5cm x 3.5cm)

Embassy House, Parliamentary Avenue
P.O Box 7063 Kampala

Email: info@education.go.ug
Website: ww.education.go.ug

Educ_SportsUg

Dear Parent/Guardian

The Ministry of Education & Sports is undertaking the registration of all learners in schools in Uganda. This information will assist Government in proper planning and improved service delivery in the education sector. The exercise is being conducted by the school authorities and the respective Local Government in your area. Information pertaining to identification particulars of the parent/guardian and enrollment of your child will be required. Please note that the information you provide will be treated with strict confidentiality.

IMPORTANT NOTICE! Please fill in all the details below and ensure to return the completed form to the school where your child is enrolled.

SECTION A: SCHOOL IDENTIFICATION

School/Institution Name:	<input type="text"/>		
District:	<input type="text"/>	Education Level (Tick one):	
Sub-county:	<input type="text"/>	Pre-Primary	<input type="checkbox"/>
Grade Enrolled:	<input type="text"/>	Primary	<input type="checkbox"/>
Term:	<input type="text"/>	Secondary	<input type="checkbox"/>
		Certificate	<input type="checkbox"/>
		Diploma	<input type="checkbox"/>
		Degree	<input type="checkbox"/>

SECTION B: LEARNER'S BASIC INFORMATION

First Name:	<input type="text"/>	Nationality:	<input type="text"/>
Surname:	<input type="text"/>	Date of Birth (dd/mm/yyyy):	<input type="text"/>
Other Name:	<input type="text"/>	District of Birth:	<input type="text"/>
Sex/Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	ID Type:	<input type="checkbox"/> NIN <input type="checkbox"/> Student Pass <input type="checkbox"/> Refugee ID
Is learner an orphan:	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID Number:	<input type="text"/>
Familiar Language:	<input type="text"/>	Special Needs (If any):	<input type="text"/>
Class of study:	<input type="text"/>	Health Issues (If any):	<input type="text"/>
Exam Year (If Applicable):	<input type="text"/>	Talents (If any):	<input type="text"/>
Index Number (If Applicable):	<input type="text"/>	Practical Skills (If any):	<input type="text"/>

SECTION C: PARENTS/GUARDIAN INFORMATION

FATHER/GUARDIAN DETAILS

First Name:	<input type="text"/>
Surname:	<input type="text"/>
Nationality:	<input type="text"/>
ID Type:	<input type="checkbox"/> NIN <input type="checkbox"/> Passport <input type="checkbox"/> Refugee ID
ID Number:	<input type="text"/>
Mobile Phone:	<input type="text"/>

MOTHER/GUARDIAN DETAILS

First Name:	<input type="text"/>
Surname:	<input type="text"/>
Nationality:	<input type="text"/>
ID Type:	<input type="checkbox"/> NIN <input type="checkbox"/> Passport <input type="checkbox"/> Refugee ID
ID Number:	<input type="text"/>
Mobile Phone:	<input type="text"/>

DECLARATION: I hereby declare that all the above information is correct and accurate and all information provided will be kept CONFIDENTIAL in line with the existing data privacy and protection Act, 2019.

Signed by: _____

Signature: Parent Guardian

_____ Date signed