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: _____

District: _____

Sub-county: _____

Grade Enrolled: _____

Term: _____

Education Level (Tick one):

Pre-Primary ☐ Certificate ☐
Primary ☐ Diploma ☐
Secondary ☐ Degree ☐

SECTION B: LEARNER'S BASIC INFORMATION

First Name: _____

Surname: _____

Other Name: _____

Sex/Gender: Male ☐ Female ☐

Is learner an orphan: Yes ☐ No ☐

Familiar Language: _____

Class of study: _____

Exam Year (If Applicable): _____

Index Number (If Applicable): _____

Nationality: _____

Date of Birth (dd/mm/yyy): ☐☐ ☐☐ ☐☐

District of Birth: _____

ID Type: ☐ NIN ☐ Student Pass ☐ Refugee ID

ID Number: _____

Special Needs (If any): _____

Health Issues (If any): _____

Talents (If any): _____

Practical Skills (If any): _____

SECTION C: PARENTS/GUARDIAN INFORMATION

FATHER/GUARDIAN DETAILS

First Name: _____

Surname: _____

Nationality: _____

ID Type: ☐ NIN ☐ Passport ☐ Refugee ID

ID Number: _____

Mobile Phone: _____

MOTHER/GUARDIAN DETAILS

First Name: _____

Surname: _____

Nationality: _____

ID Type: ☐ NIN ☐ Passport ☐ Refugee ID

ID Number: _____

Mobile Phone: _____

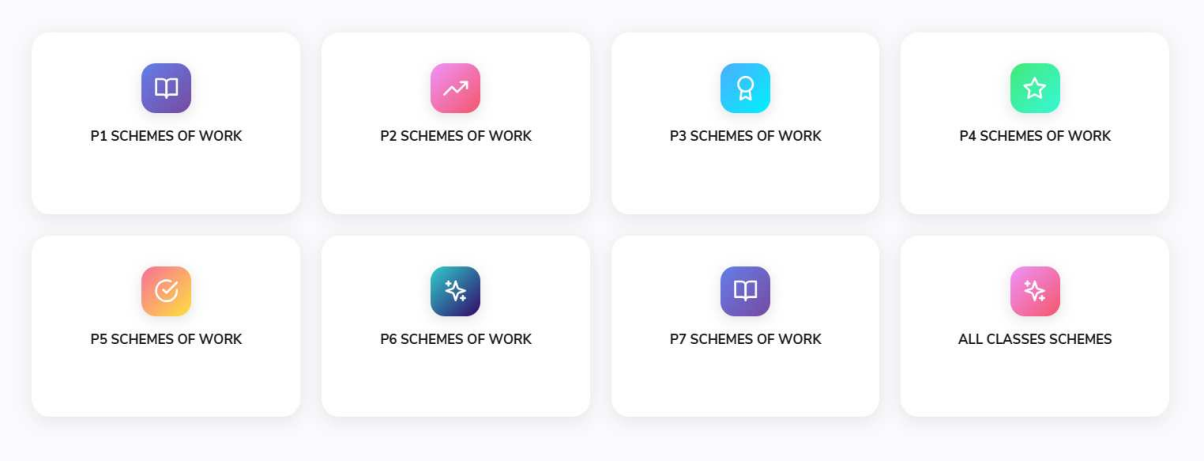
DECLARATION: I hereby declare that all the above information is correct and accurate and all information provided will be kept CONFIDENTIAL in line with the existing data privacy and protection Act, 2019.

Signed by: _____

Signature: ☐ Parent ☐ Guardian

Date signed _____

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