**MINISTRY OF EDUCATION AND SPORTS**

**P.O.BOX 7063**

**KAMPALA**

**APPLICATION FOR PERMISSION TO OPERATE BOARDING SECTIONS IN EDUCATION INSTITUTIONS**

**TO BE COMPLETED IN TRIPLICATE**

**TO:** The Permanent Secretary,

Ministry of Education and Sports (Respective Head of Department),

P.O. Box 7063,

KAMPALA.

**Thru**: The Director,

Directorate of Education Standards,

Ministry of Education and Sports

**SECTION ONE:**

**1. NATURE OF OWNERSHIP** (Self, Community, Partnership, Government)

1. Name of School: ………………………………………………………………………
2. Type: …………………………………………District: ……………………………...
3. Postal Address: ………………………………………………………………………..

**2. Owner’s Address**

Owner’s Names

1. ……………………………..……………Tel. No…………..…………………………
2. …………………………………………..Tel. No………………………………..……
3. …………………………………………..Tel. No…………..…………………………

**SCHOOL/INSTITUTION LOCATION**

1. Village…………………………………………………………………………………
2. Parish………………………………………………………………………………..…
3. Sub-County………………………………………………………………………...
4. County…………………………………………………………………………………
5. District/Municipal/City…………………………………………………………......…
6. Land area……………………………………………………..………………………..
7. Land Ownership………………………………………………………………….……

**3. SCHOOL/INSTITUTION DETAILS**

1. (Boys / Girls / Mixed)…………………………………………………………………
2. Registration No……………………………………………………………..…………
3. Date of Registration by (MOES)………………………………………………………
4. No. of classrooms……………………………………………………...………………
5. No. of dormitories for girls……………………………………………………………
6. No. of dormitories for boys……………………………………………………………

**4. SCHOOL ENROLMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | **P.1** | **P.2** | **P.3** | **P.4** | **P.5** | **P.6** | **P.7** | **Total** |
| **Girls** |  |  |  |  |  |  |  |  |
| **Boys** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | **S.1** | **S.2** | **S.3** | **S.4** | **S.5** | **S.6** | **Total** |
| **Girls** |  |  |  |  |  |  |  |
| **Boys** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**SECTION TWO**

**A. TO BE RECOMMENDED BY THE DISTRICT/CITY/ MUNICIPAL HEALTH INSPECTOR**

I recommend the boarding facilities in……………………………………………………

………………………………………………………………………………………………..

Comment…………………………………………………………………………………….……………………………………………………………………………………………….

Name………………………………………………………………………………………………………………………………………………………………………………………….

District/City/Municipal Health Inspector (Stamp)

**B. TO BE RECOMMENDED BY THE DISTRICT/CITY/MUNICIPAL INSPECTOR OF SCHOOLS:**

I recommend/ do not recommend the boarding facilities in………….………………………

.………………………………………………………………………………………….........

Comments…………………………………………………………………………………………………………………………………………………………………………………….

Name…………………………………………………………………………………………………………………………………………………………………………………………. District/City/Municipal Inspector of Schools (Stamp)

**C. TO BE RECOMMENDED BY THE DISTRICT/CITY/MUNICIPAL EDUCATION OFFICER**

I remind/do not recommend the application………………………….………………………

……………………………………………………………………..……………………….... Reasons…………………………………………………………………………………….……………………………………………………………..……………………………………

Comments……………………………………………………………………………………………………………………………………………………………………………………. Full Name…………………………………………Signature……………………………….

Date……………………………………………….

District**/**City/Municipal Education Officer Stamp

**SECTION THREE**

**A. TO BE RECOMMENDED BY ASSISTANT COMMISSIONER, DIRECTORATE OF EDUCATION STANDARDS REGIONAL OFFICE**

I recommend/do not recommend the boarding section………………………….…………..

……………………………………………………………………..………………………....

Comments…………………………………………………………………………………………………………………………………………………………………………………….

Full name………………………………Signature………………………………………….

Date…………………………………

Stamp

**B. APPROVED BY THE DIRECTOR, DIRECTORATE OF EDUCATION STANDARDS.**

I recommend/do not recommend the boarding section ….………………………….……….

……………………………………………………………………..………………………....

Comments………………………………………………………………………………………………………………………………..……………………................................................

Full name………………………………………..…Signature………………………..……..

Date…………………………………………

Stamp

**C. ENDORSED BY COMMISSIONER PRIVATE SCHOOLS & INSTITUTIONS (FOR: PERMANENT SECRETARY, MINISTRY OF EDUCATION & SPORTS).**

Approved / not approved……………………………………………………………………..

If approved: Registration no…………………………………………………………………

Classification………………………………………………………………………………………………………………………………………………..…………………………………

Comments………………………………………………………………………………………………………………………………..……………………................................................ Name………………………………………………Signature………………………………

Date………………………………………………………………………………………….