

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

**APPLICATION FOR LICENCE TO OPERATE A NEW PRIVATE PRIMARY (UNDER SECTION 32/33 OF THE *EDUCATION - (PRE- PRIMARY, PRIMARY AND POST-PRIMARY) ACT 2008*)**

***(TO BE COMPLETED IN TRIPLICATE)***

**To: The Chief Administrative Officer**

**Thru: The District Education Officer**

**Thru: The District Inspector of Schools**

**SECTION ONE:**

**TO BE COMPLETED BY THE APPLICANT**

1. **Declaration of nature of ownership is as follows (tick the appropriate one):**
  - a. Individual (sole owner)
  - b. Community ( i.e. Parish/village/sub county) Church founded also included
  - c. Partnership (more than one person)
  - d. NGO.( this includes FBO )
  - e. Company

---

**The applicant should attach the following documents:**

- a. Duly signed copies of "partnership-deed, article of association"
- b. Personal CVs, showing records of employment
- c. Letters from three referees, one of which should be from the current or last employer (s) one other should be from LC111
- 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

**Note:**

1. In case of a joint venture, if one of the partners dies or changes his/her mind, then the Ministry of Education and Sports should be notified and
2. The applicant should be supported by recognised Local Authority at Divisional/ Zonal and sub-county levels confirming the appropriateness of the school in area.

1. (a) Name of Institution: \_\_\_\_\_  
(b) Postal Address: \_\_\_\_\_  
(c) Telephone No. \_\_\_\_\_
2. (a) Name of School Owner/Proprietor(s):  
\_\_\_\_\_  
(b) Postal Address: \_\_\_\_\_  
(c) Telephone No. \_\_\_\_\_
3. Particulars of institution to be established:
  - a. Boys \_\_\_\_\_
  - b. Girls \_\_\_\_\_
  - c. Mixed: \_\_\_\_\_

**Note: All schools are licensed as day schools**

4. Location of proposed institution:
  - a) Village \_\_\_\_\_
  - b) Parish \_\_\_\_\_
  - c) Sub-county \_\_\_\_\_
  - d) County \_\_\_\_\_
  - e) District \_\_\_\_\_
  - f) Block/Plot Number: \_\_\_\_\_
  - g) Street/Road \_\_\_\_\_
5. Institution Land:
  - (a) Area: \_\_\_\_\_ Hectares/Square Km
  - (b) Owned by: \_\_\_\_\_

**Attach:** a) Landownership documents or tenancy agreement if being rented; and  
b) a copy of the site plan)

6. (a) Capital available for establishment of the institution shs 6,000,000/= (Attach a copy of Bank statement opened in the name of school or proprietor)  
 (b) Fee charged per child/student per year, shs. \_\_\_\_\_  
 (c) Expected Annual income shs. \_\_\_\_\_  
 (d) Sources of income: \_\_\_\_\_

7. **Classes, Stream and Enrolment**

Classes								
Streams								
Girls								
Boys								
Total								

8. (a) Name of Headteacher \_\_\_\_\_

(Attach His/her CV and recent photograph)

9. Teaching Staff:

No.	Names	Qualification	ESC No.	REG	Monthly Salary

**Attach copies of their Academic Certificate, Registration Certificates and full CVs Also if you need more space attach paper with 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:**

I \_\_\_\_\_ certify 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 DISTRICT/MUNICIPAL INSPECTOR OF SCHOOLS**

I recommend /I do not recommend licensing of

---

---

Remarks: \_\_\_\_\_

---

Date: \_\_\_\_\_ Signature & Stamp \_\_\_\_\_

Full Names: \_\_\_\_\_ DIS/MIS

**B. TO BE ENDORSED BY THE DISTRICT/MUNICIPAL HEALTH INSPECTOR**

I recommend /I do not recommend licensing of

---

---

Reasons:

---

---

Date: \_\_\_\_\_ Signature & stamp \_\_\_\_\_

Full Names: \_\_\_\_\_

**DISTRICT HEALTH/MUNICIPAL INSPECTOR**

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

**I recommend /I do not recommend the application:**

Reasons:

---

---

---

Date: \_\_\_\_\_ Signature \_\_\_\_\_ & \_\_\_\_\_ Stamp

Full Names: \_\_\_\_\_ **DEO/MEO**

**D. TO BE ENDORSED BY MoES HQ OFFICER**

**I recommend/do not recommend the licensing of.....**

.....

**Reasons for not recommending.....**

.....

**Full name..... Title.....**

**Signature..... Date.....**

**If recommended:**

License No. \_\_\_\_\_

Name of school \_\_\_\_\_

Full Names: \_\_\_\_\_ Title.....

Signature \_\_\_\_\_ Date.....

**SECTION THREE:**

**A. TO BE ENDORSED BY THE COMMISSIONER BASIC EDUCATION (C/BE)**

Approved/Not approved \_\_\_\_\_

Reasons \_\_\_\_\_

—

---

License number is \_\_\_\_\_ and expiry date is

\_\_\_\_\_

Full Names:

\_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

C/BE

**Copy of assessment form for registration of a private primary school**



THE REPUBLIC OF UGANDA

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

**APPLICATION FOR REGISTRATION AND CLASSIFICATION OF A  
PROVISIONALLY LICENSED PRIVATE PRIMARY SCHOOL/INSTITUTION UNDER  
SECTION 33/34 OF THE PRE-PRIMARY, PRIMARY, & POST PRIMARY  
EDUCATION ACT 2008**

*(TO BE COMPLETED IN QUADRUPLICATE)*

**To: The Commissioner Pre-Primary and Primary department**

**Thru: The Chief Administrative Officer**

SECTION ONE:

*To be completed by applicant (attached a copy of the letter licensing the school/institutions to operate. Please, ensure that all the conditions set in Licensing Form are fulfilled first, before you fill this form. If there is any change, provide fresh documents photographs, etc)*

*[Note: 1. The information filled in this form will be verified during inspection and  
2. The Ministry of Education and Sports reserves the right to withdraw the certificate, if after some time the school/institution fails to meet the minimum standards as set in the registration Forms]*

1. (a) Name of School

---

(b) Postal Address

---

(c) Telephone Contact

---

2. (a) Name of school Owner/proprietor

---

(b) Postal Address:

---

---

---

(c) Telephone Contact

---

3. School Particulars

(a) Boys/Girls/Mixed \_\_\_\_\_

(b) Day/Partly Day/Boarding (as granted by Directorate of Education Standards) \_\_\_\_\_

(c) Postal address \_\_\_\_\_

(d) Telephone contact \_\_\_\_\_

(e) I/We –name(s)

---

---

---

apply for this school to be registered and classified as Private Primary School

4. Location of 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: \_\_\_\_\_

6. Classes, Stream and Enrolment

Classes								
Streams								
Girls								
Boys								
Total								

7. Fees charges

(a) Tuition: \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) Others (specify) \_\_\_\_\_

8. (a) Name of Headteacher

(b) Qualification: \_\_\_\_\_

9. Teaching Staff:

No.	Names	Qualification	REG No.	Monthly Salary


**Attach copies of their certificates, registration and full CVs  
Also if there are more than (9) teachers attach their names and qualifications)**

10. Facilities and Equipment/Furniture

Number of Classrooms \_\_\_\_\_ (b) Library \_\_\_\_\_

(c) Number of Administrative offices \_\_\_\_\_ (d) Number of staff houses \_\_\_\_\_

(e) Staff Room \_\_\_\_\_ (f) Kitchen \_\_\_\_\_

(g) Stores \_\_\_\_\_ (h) Toilets (No. of Stances): \_\_\_\_\_

(j) Number of school buildings:-

▪ Permanent materials \_\_\_\_\_

▪ Semi-permanent \_\_\_\_\_

▪ Temporary materials \_\_\_\_\_

(m) Adequate of furniture \_\_\_\_\_

(n) Adequacy of other teaching aids/equipment \_\_\_\_\_

(o) Adequate play/sports ground \_\_\_\_\_

11 School farm or any other generating activity in the school:

(a) Has the school got a school farm Yes/No \_\_\_\_\_

(b) If yes specify type of agriculture farm

(c) If no, state all the other income generating projects/activities

---



---

12 Declaration:

I \_\_\_\_\_ certify 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 DISTRICT/MUNICIPAL INSPECTOR OF SCHOOLS**

I recommend /I do not recommend registration of \_\_\_\_\_

Under number \_\_\_\_\_ and classified as

\_\_\_\_\_

\_\_\_\_\_ Expiry date is \_\_\_\_\_

Remarks:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Full Names: \_\_\_\_\_ **DIS/MEO**

**B. TO BE ENDORSED BY THE DISTRICT/MUNICIPAL HEALTH INSPECTOR**

I recommend /I do not recommend registration and classification of

\_\_\_\_\_

\_\_\_\_\_

Remarks :\_(i.e. Does it fulfil or does it not fulfil the Health Act and Health regulations?)

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Full Names: \_\_\_\_\_  
**DISTRICT/MUNICIPAL HEALTH INSPECTOR OF SCHOOLS**

**C. TO BE ENDORSED BY THE DISTRICT EDUCATION OFFICER**

I recommend /I do not recommend the application for registration and classification:

Give reasons: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Full Names: \_\_\_\_\_  
**DISTRICT/MUNICIPAL EDUCATION OFFICER**

**D. TO BE ENDORSED BY MoES HQ OFFICER**

**I recommend/do not recommend the registration and classification of.....**

.....

**Reasons for not recommending.....**

.....

**Full name..... Title.....**

**Signature..... Date.....**

**If recommended:**

Registration No. \_\_\_\_\_

Registration Name \_\_\_\_\_

Classification \_\_\_\_\_

Full Names: \_\_\_\_\_ Title.....

Signature \_\_\_\_\_ Date.....

**E. TO BE ENDORSED BY COMMISSIONER BASIC EDUCATION**

**I approve**

**Name..... Signature.....**  
**C/PSI**

## Copy of application form for licensing of a private secondary school



THE REPUBLIC OF UGANDA

**MINISTRY OF EDUCATION AND SPORTS  
UDCBUILDING  
P O BOX 7063  
KAMPALA**

**APPLICATION FOR LICENSE TO OPERATE A NEW PRIVATE SEONDARY SCHOOL  
(UNDER SECTION 32/33 OF EDUCATION – (PRE- PRIMARY, PRIMARY AND POST-  
PRIMARY) ACT 2008**

**Note: International Schools also use this form but ignore number 8 and 9**

**TO BE COMPLETED IN TRIPLICATE**

TO: The Permanent Secretary  
Ministry of Education and Sports  
P O Box7063  
KAMPALA

THRU: Commissioner Private Schools/Institutions  
Ministry of Education and Sports  
P O Box7063  
KAMPALA

### **SECTION ONE:**

TO BE COMPLETED BY APPLICANT

1. Declaration of nature of ownership (tick):
  - a) Individual (sole owner)
  - b) Community (i.e. Parish/village/sub county)
  - c) Partnership (more than one person)
  - d) NGO.(this includes FBO)
  - e) Company

#### **Attach the following:**

- a) Copies of partnership deed, articles of association duly signed.
- b) Personal CVs showing records for 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 LC.III and
- d) Three passport size photographs for each of the proprietor(s)
- e) District Health Inspector's report
- f) Copy of school rules.
- g) List of members of the School Management Committee/Board of Governors.

**Note:**

- (i) In case of a joint venture, if one of the partners dies or changes his mind, then the Ministry should be notified and
- (ii) The application should be supported by recognized local authority at Divisional, zonal and sub-county levels confirming the appropriateness of the school in the area.

2. Owner's Name and Address:

.....  
 .....  
 .....

3. Institution to be established:

- a) Level  
 /Secondary/Technical/Vocational/Commercial .....
- b) Name .....
- c) Boys/Girls/Mixed : .....
- d) Day/Partly  
 Boarding .....
- e) Postal address .....
- f) Telephone No. ....

(Note: Universities and other tertiary institutions have to fill different forms: Forms ACC/NCHE/ and Forms REG. NCHE/respectively.

4. Location of the Proposed Institution:

- (a) Village.....(b) Parish .....
- (c) Sub-county/Division..... (d) County .....
- (e) District ..... (f) Town/Municipal/City .....
- (g) Taking Road .....

5. Land for the proposed Institution

- a. Area ..... Hectares/Squares KM
- b. Owned by .....

- Attach: (a) Land ownership documents or tenancy agreement if being rented; and
- (b) A copy of the site plan
- (c) Copies of building plans

6. (a) Capital available for the establishment of the institution Shs.....(Attach a copy of the Bank Statement opened in the name of the school or proprietor).
- (b) Fees charged per child/student per year, Shs. ....
- (c) Expected Annual Income Shs. ....
- (d) Sources of income: .....
7. Name of Head teacher .....

(Attach three passport size photographs and a copy of personal CV including Registration Number, name of the teacher and last station and employment record.

8. Teacher to be engaged:

NAME	QUALIFICATION & REGISTRATION No.	TERMS OF SERVICE (PERMANENT/TEMPORARY)
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....
6. ....	.....	.....
7. ....	.....	.....
8. ....	.....	.....
9. ....	.....	.....

P = Permanent teacher in school PT = Part time teacher in the school.  
 (Attach copies of their certificates and full CVs).  
 Also if there are more than nine(9) teachers attach their names and qualifications).

9. Name and status of Nearest School	Distance (in Kms)	Government-Aided/Private
(a) .....	.....	.....
(b) .....	.....	.....
(c) .....	.....	.....

(d) .....

(e) .....

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

Date ..... Signature (of applicant) .....

Title: ..... Name (of applicant) .....

Proprietor: .....

**SECTION TWO:**

**TO BE ENDORSED BY THE DISTRICT OFFICE**

**A. TO BE ENDORSED BY THE DISTRICT /MUNICIPAL INSPECTOR OF SCHOOLS**

I certify that these forms are duly completed; that the institution has the basic necessary infrastructure and facilities and that the institution has a qualified head teacher and an adequate teaching staff.

Full name: ..... Signature & stamp: .....  
**DIS/MIS**

Date: .....

Note: The District Inspector of Schools is to write a detailed report and submit it to the district Education Officer, to be attached herewith.

**B. TO BE ENDORSED BY THE DISTRICT HEALTH OFFICER,**

I certify that the institution fulfils the health standards as enshrined in the Health Act/does not fulfil the health standards. I recommend/do not recommend the institution.

.....

.....

Full names .....Signature & stamp: .....  
**DISTRICT HEALTH INSPECTOR**

Date: .....

**Note: Attach a detailed health inspection report**

**C. TO BE ENDORSED BY THE DISTRICT EDUCATION OFFIER**

I recommend/do not recommend the application.

Give reasons: .....

.....

Full names: .....Signature .....

**DIS/MEO**

Date: .....

**SECTION THREE:**

**A. TO BE ENDORSED BY THE MoES HQ OFFICER**

I recommend/do not recommend  
The licensing of

.....  
.....

Reasons: .....

.....

Status: .....

Full Names..... Title.....

Signature.....

Date: .....

**B. TO BE ENDORSED BY THE PS/ES**

**Approved/not approved**

.....  
.....

Full names ..... Sign .....

**PS/ES**

Date: .....

**Annex 7: Copy of application form for registration of a private secondary school**



THE REPUBLIC OF UGANDA

**MINISTRY OF EDUCATION AND SPORTS  
UDCBUILDING  
P O BOX 7063  
KAMPALA**

**APPLICATION FOR REGISTRATION AND CLASSIFICATION OF A PROVISIONALLY  
LICENSED PRIVATE SECONDARY SCHOOL**

**TO BE COMPLETED IN TRIPLICATE)**

To: The Permanent Secretary  
MoES  
P O Box 7063  
KAMPALA

Thru: Commissioner Private Schools/Institutions  
MoES  
P O Box 7063  
KAMPALA

**SECTION ONE:**

To be completed by applicant (attach a copy of the letter licensing the school to operate)

**Note:** The information filled in this form will be verified during inspection)

1. (a) Name of School .....
- (b) Postal Address .....
- (c) Telephone Number ..... Fax Number .....
  
2. (a) Name of School Owner(s)/proprietor(s): .....
- .....
- .....

**Note:** If more space is required, use foolscap and attach

- (b) Postal Address .....
- (c) Telephone Number ..... Fax Number .....

3. Declaration of nature of ownership:

- a) Individual (sole owner)
- b) Community ( i.e. Parish/village/sub county )
- c) Partnership (more than one person)
- d) NGO.( this includes FBO )
- e) Company

4. School Particulars:
- (a) Boys only
  - (b) Girls only
  - (c) Mixed (Boys and Girls)
  - (d) Day/
  - (e) Boarding
  - (f) Day and Boarding

I/We apply for the school to be registered and classified as Private Secondary. (specify):  
 .....

- 5 Location of School
- (a) Village (L.C.I) ..... (b) Parish (LC.II) .....
  - (c) Sub-county (LC.III) ..... (d) County (LC.IV) .....
  - (e) District ..... (f) Town/Municipality/City Council
  - (g) District Headquarters ..... Taking Road ..... via .....
  - (h) Block/Plot Number ..... street .....

6. School Land:
- (g) Area ..... Hectares/Square Km
  - (h) Owned by .....

7. Classes, streams and Enrolment:
- |               |       |
|---------------|-------|
|               | Total |
| Classes ..... |       |
| Streams ..... |       |
| Boys .....    |       |
| Girls .....   |       |
| Total .....   |       |

8. Fees Charged:
- (i) Tuition .....
  - (j) .....
  - (k) .....
  - (l) .....
  - (m) Others (specify) .....

9. (a) Name of Headteacher  
 .....
- (b) Qualification: .....

Teaching Staff:

<b>NAMES</b>	<b>QUALIFICATIONS</b>	<b>UTS REG/UC. NO</b>	<b>MONTHLY SALARY</b>
1.....	.....	.....	.....
2 .....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5.....	.....	.....	.....
6. ....	.....	.....	.....
7.....	.....	.....	.....
8. ....	.....	.....	.....
9. ....	.....	.....	.....
10.....	.....	.....	.....
11. ....	.....	.....	.....
12. ....	.....	.....	.....

(Attach copies of their certificates. Also if there are more than 9 teachers attach similar information as above.)

10. Facilities and equipment/furniture:

- (a) Number of Classrooms: .....
- (b) Number of Dormitories .....
- (c) Biology laboratory .....
- (d) Physical science laboratory .....
- (e) Multi-purpose science lab .....
- (f) Library .....
- (g) Number of workshops .....
- (h) Number of special rooms .....
- (i) Number of Administration offices.....
- (j) Staffroom.....
- (k) Number of staff houses .....
- (l) Stores .....
- (m) Kitchen .....

- (n) Toilet: (No of stances) .....
- (o) Number of school buildings in permanent materials .....
- (q) Adequacy of furniture .....
- (r) Adequacy of laboratory or workshop equipment.....
- (s) Adequacy of other teaching aids/equipment .....
- (t) Adequate play/sports ground .....

11. School Farm or any other generating activity in the school:

- (n) Has the school got a farm? Yes/No
- (o) If yes, specify type of agriculture farm .....
- (p) If no, state all other income generating projects/activities  
.....

12. Declaration:

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

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

Title: ..... Name: .....

Proprietor: .....

**SECTION TWO**

**TO BE ENDORSED BY THE DISTRICT INSPECTOR OF SCHOOLS**

I recommend/do not recommend registration and classification of  
.....

Remarks:  
.....

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

**Full Names: ..... DISTRICTINSPECTOR OF SCHOOLS**

**SECTION THREE**

**TO BE ENDORSED BY DISTRICT HEALTH INSPECTOR**

I recommend/do not recommend registration and classification of .....

Remarks:

The school fulfils the requirements of the Health Act /the school does not fulfil the Health Act requirements

: .....

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

**DISTRICTHEALTHINSPECTOR**

Date: .....

**SECTION FOUR**

**TO BE ENDORSED BY THE DISTRICT EDUCATION OFFICER**

To: The Permanent Secretary/Education and Sports

I recommend/ do not recommend registration and classification of .....

Remarks .....

.....

.....

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

**DISTRICTEDUCATION OFFICER**

Date:.....

**SECTION FIVE**

**TO BE ENDORSED BY THE DIRECTORATE OF EDUCATION STANDARDS**

I recommend/do not recommend registration and classification of:  
.....as a  
.....

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

Full Name..... Title .....Signature.....

.....  
**DIRECTORATE OF EDUCATION STANDARDS (REGIONAL OFFICE)**

Date: .....

**SECTION SIX**

**TO BE ENDORSED BY THE MoES OFFICER**

To: Commissioner Private Schools

I recommend/not recommend..... (Name of school) to be registered and classified

Reasons:  
.....  
.....

Classification is.....

Registration Number.....

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

**ASSESSING OFFICER**

Date: .....

TO BE ENDORSED BY THE PERMANENT SECRETARY /EDUCATION AND SPORTS

I approve/do not approve -----to

be registered and classified.

Full name.....Signature.....  
PERMANENT SECRETARY /EDUCATION AND SPORTS

Date: .....

If approved:

RegistrationNumber\_\_\_\_\_Date:\_\_\_\_\_

Registration Name\_\_\_\_\_

Classified as\_\_\_\_\_

Full Names: \_\_\_\_\_Signature\_\_\_\_\_

**PERMANENT SECRETARY /EDUCATION AND SPORTS**

Date: \_\_\_\_\_

**Annex 6: Copy of assessment form for licensing a secondary school**  
**MINISTRY OF EDUCATION AND SPORTS**  
**LICENSING OF A PRIVATE SECONDARY SCHOOL**  
**ASSESSMENT FORM**

NAME OF SCHOOL .....DISTRICT .....  
PROPRIETOR'S NAME(S) .....

NO.	Requirements (To be filed in 3 PLASTIC SPRING FILES)	Initials of assessor	Remarks
1.	Application form duly signed by District Health Inspector, D.I.S and D.E.O		
2.	Photographs of the school (a) showing the general school plant with school signpost in the photo another showing students in class		
3.	Land Title/Sales agreements		
4.	Tenants Agreements: Not less than 4 years		
5.	Building plan technically drawn and clearly indicating school name and building specifications.		
6.	Location plan clearly showing site		
7.	Partnership Dees/Articles of Association		
8.	Authentic teacher's academic and professional documents		
9.	Proprietor's CV's and photograph (s)		
10.	Head teacher's CV's and photograph		
11.	Bank Statement as proof and liquidity of the school (sufficient to pay staff for 3 months)		
12.	Signed -Appointment letters/contracts for all teaching and non-teaching staff & acceptance letter for each staff.		
13.	School rules/Code of conduct approved by the BOG's and/or Management Committee		
14.	Detailed School Inspector's Report		
15.	Detailed health Inspector's Report		
16.	3 Referees: LC.1 chairperson, LC 1 secretary for Education and a local religious/opinion leader		
17.	L.C III Chairperson's letter confirming that the school is within the sub-county education plan.		
18	Evidence of existence of facilities for co-curricular activities: playground		

Observations

.....  
.....

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

*NB: The 2008 Act of Education Section 11 states "No persons shall teach in any public or private school of any description if she/he is not registered as a teacher or licensed to teach"*

**Annex 7: Copy of assessment form for registration of a private secondary school**

**MINISTRY OF EDUCATION AND SPORTS  
PRIVATE SCHOOLS/INSTITUTIONS DEPARTMENT  
REGISTRATION OF PRIVATE SECONDARY SCHOOLS  
ASSESSMENT FORM**

NAME OF SCHOOL .....DISTRICT .....

PROPRIETOR'S NAME .....

NO.	Requirements (To be filed in 3 PLASTIC SPRING FILES)	Initials of assessor	Remarks
1.	Application form duly signed by District Health Inspector, D.I.S and D.E.O		
2	Copy of license letter		
3	Photographs of the school (a) showing the general school plan with school signpost in the photo, students in class (if request is for Registration), (b) Laboratory equipment and chemicals (c) A classroom with furniture. (d) Teaching and non teaching staff. Attach license if request is Registration.		
4.	Either a Land Title or Sales agreements or Tenants agreements: With a period not less than 4 years to expire at the time of registration		
5.	Building plan technically drawn and clearly indicating school name and building specifications.		
6.	Location plan clearly showing site		
7.	Partnership Deed/Articles of Association for a school with more than one owner		
8.	Authentic teacher's academic and professional documents		
9.	Proprietor's CV's and photograph (s)		
10.	Head teacher's CV's and photograph		
11.	Bank Statement as proof and liquidity of the school (sufficient to pay staff for 3 months)		
12.	Signed Appointment letters/contracts with all members of staff & each one's acceptance		
13.	School rules/Code of conduct approved by the BOG's and/or Management Committee		
14.	Detailed School Inspector's Report		
15.	Detailed health Inspector's Report		
16.	Detailed Directorate of Education Standards' Report		
17.	3 Referees: LC.1 chairperson, LC 1 secretary for Education and a local religious/opinion leader		
18.	L.C III Chairperson's letter confirming that the school is within the sub-county education plan.		
19	Evidence of existence of facilities for co-curricular activities: playground		
20.	Copy of the most recently filled EMIS form dully endorsed		

Observations

.....  
.....  
.....  
.....

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

*NB: The 2008 Act of Education Section 11 states "No persons shall teach in any public or private school of any description if she/he is not registered as a teacher or licensed to teach"*

**MINISTRY OF EDUCATION AND SPORTS**  
**PRIVATE SCHOOLS/INSTITUTIONS DEPARTMENT**  
**RENEWAL OF REGISTRATION CERTIFICATE ASSESSMENT FORM**  
**NAME OF SCHOOL .....DISTRICT .....**  
**PROPRIETOR'S NAME .....**

NO.	Requirements (To be filed in 3 PLASTIC SPRING FILES) to the Commissioner Private Schools	Initials of assessor	Remarks
1.	Written application form by the Proprietor/Head teacher		
2.	Photographs of the school (a) showing the general school structures: students in class classroom with furniture. (d) Teaching and non-teaching staff. Laboratories, library dormitories sanitation facilities for both boys girls and staff, administration block, and Kitchen		
3	Up-date report by the head teacher on the school developments for the last five years		
3.	land Title /Sales agreements or Tenants Agreements: with a period not less than 4 years to expire at the time of registration		
4.	Copy of original registration Certificates		
5.	Approval letter of BoG by the Hon. Minister of Education and Sports		
6.	Partnership Dees/Articles of Association for a school with more than one owner		
	School development plan –Progress report by BoG		
	Latest UNEB results		
7.	Updated list of teaching staff registration certificates detailing registration status ,work load		
8.	Signed Appointment letters/Contracts with all members of staff & each one’s acceptance		
	Staff attendance record for the current term		
9.	Head teacher’s CV’s and photograph		
	Proof of Upload of school data (EMIS compliance and acknowledgement)		
10.	Bank Statement as proof and liquidity of the school (sufficient funds to run the school)		
11.	Detailed Directorate of Education Standards’ Report		
12.	School rules/Code of conduct approved by the BOG’s and/or Management Committee		

**Observations**

.....  
.....  
.....  
.....

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

*NB: The 2008 Act of Education Section 11 states “No persons shall teach in any public or private school of any description if she/he is not registered as a teacher or licensed to teach.*

**Once a school has been registered as an Ordinary Level school, but would like to run an ‘A’ Level, they prepare new files following the assessment form below.**

**Copy of assessment form for upgrading a secondary school**

**MINISTRY OF EDUCATION AND SPORTS**

PRIVATE SCHOOLS/INSTITUTIONS DEPARTMENT  
ASSESSMENT FORM FOR UP GRADING TO 'A' LEVEL

**NAME OF SCHOOL:** ..... **DISTRICT:** .....

**REQUIREMENTS FOR UPGRADING TO 'A' LEVEL**

S/No.	ITEM(S) PARTICULARS	Initials of Assessor
1.	Duly filled 'A' level status application form (this form)	
2.	Minutes of the meeting of the BoG approving and/or recommending the up-grading of school to 'A' level status	
3.	<b>Detailed</b> inspection report from the DIS clearly showing the status of:	
a)	The laboratory (ie) ('A' Level)/Inspector to give list of basic chemicals and apparatus available.	
b)	The Library/Inspector to give list of core books available	
c)	The Classrooms i.e. those for Arts and Sciences	
d)	Furniture in the rooms:/Number viz avis enrolment)	
f)	Catchment area	
4.	<b>Detailed</b> inspection report of the health Inspector, clearly indicating state of infrastructure and sanitation.	
5.	<b>Detailed</b> Directorate of Education Standards' Report	
6.	List of <b>graduate</b> teachers, their qualifications (Registration Certificates) and academic and professional documents, appointment letters at this level and the subjects they teach.	
7.	Analysis of UCE examination results for the last 3 years if school has been in existence for 5 years and above.	
8.	Original School Registration Certificate.	
9.	Photocopy of license letter.	
10.	Photographs of the Laboratory (the whole interior of the laboratory), Library, Classrooms and photo of teachers employed to teach the 'A' level classes.	
11.	Copy of most recently filled & endorsed EMIS from	

Observations

.....  
.....

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

ASSESSOR FROM MoES HQ

**MINISTRY OF EDUCATION AND SPORTS**  
PRIVATE SCHOOLS/INSTITUTIONS DEPARTMENT  
LICENSING OF INTERNATIONAL SCHOOLS ASSESSMENT FORM

NAME OF SCHOOL .....DISTRICT .....

PROPRIETOR'S NAME .....

NO.	Requirements (To be filed in 3 PLASTIC SPRING FILES)	Initials of assessor	Remarks
1.	Application form duly signed by District Health Inspector, D.I.S and D.E.O		
2.	Photographs of the school (a) showing the general school plan with school signpost in the photo, students in class classroom with furniture. (d) Teaching and non teaching staff. Attach license		
3.	Either a land Title or Sales agreements or Tenants Agreements: with a period not less than 4 years to expire at the time of registration		
4.	Building plan technically drawn and clearly indicating school name and building specifications.		
5.	Location plan clearly showing site		
6.	Partnership Dees/Articles of Association for a school with more than one owner		
7.	Authentic teacher's academic and professional documents		
8.	Proprietor's CV's and photograph (s)		
9.	Head teacher's CV's and photograph		
10.	Bank Statement as proof and liquidity of the school (sufficient to pay staff for 3 months)		
11.	Signed Appointment letters/Contracts with all members of staff & each one's acceptance		
12.	School rules/Code of conduct approved by the BOG's and/or Management Committee		
13.	Detailed School Inspector's Report		
14.	Detailed health Inspector's Report		
15.	Detailed Directorate of Education Standards' Report		
16.	3 Referees: LC.1 chairperson, LC 1 secretary for Education and a local religious/opinion leader		
17.	L.C III Chairperson's letter confirming that the school is within the sub-county education plan		
18.	Evidence of existence of facilities for co-curricular activities: playground		
19.	Copy of the most recently filled EMIS form dully endorsed		
20.	Letter of Accreditation International School from the		
21.	Inspection report by examining body International School		
22.	A letter of protocol from relevant embassy		

Observations

.....  
 .....

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

NB: The 2008 Act of Education Section 11 states "No person shall teach in any school or institution of learning unless he/she is registered as a teacher or lecturer in accordance with the provisions of this Act." (General)  
0417 893 602 (Permanent Secretary)

[permasec@education.go.ug](mailto:permasec@education.go.ug)  
[www.education.go.ug](http://www.education.go.ug)

For any correspondence on this



The Republic of Uganda  
Ministry of Education and Sports

Ministry of Education and Sports  
P.O. Box 7063  
Kampala, Uganda  
Embassy House  
King George VI Way

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

**TO BE COMPLETED IN TRIPLICATE  
TO THE PERMANENT SECRETARY  
MINISTRY OF EDUCATION AND SPORTS  
P.O. BOX, 7063  
KAMPALA**

**ATTN:** Commissioner  
Private Schools and Institutions  
Ministry of Education and Sports  
P.O Box 7063  
KAMPALA

**THRU:** The Director  
Directorate of Education Standards  
Ministry of Education and Sport  
P.O. Box 3568  
Kampala

**SECTION ONE:**

**1. NATURE OF OWNERSHIP** (self, Community, Partnership, NGO/Faith based)

Name of School: .....

Type: ..... District: .....

Postal Address: .....

**2. Owner's Address**

**Owner's Names**

1. .... Tel. No. ....

2. .... Tel. No. ....

**School location**

- a) Village-----
- b) Parish-----
- c) Sub-county-----
- d) County-----
- e) District/Municipal/City-----

**Land ownership (attach a copy of land sales agreement or land title)**

Land area-----

Land owner-----

**School Details**

- a) License number of school( attach copy) -----
- b) Registration number ( attach copy) -----

**Details of structures**

- c) Number of dormitory blocks for female learners-----
- d) Number of dormitory blocks for male learners-----
- e) Number of bathrooms for female learners-----
- f) Number of bathrooms for male learners-----
- g) Number of pit latrines /toilets stances for male learners-----
- h) Number of pit latrines /toilets stances for female learners-----
- i) Boarding fees charged-----

Attach a report endorsed by DES regional and head office

**Declaration**

I declare that the information given is true

Name -----Signature----- date-----

**SECTION TWO**

**A. TO BE ENDORSED BY THE DISTRICT/ /MUNICIPAL /CITY HEALTH INSPECTOR OF SCHOOLS**

I recommend the boarding facilities in -----

-----  
Comment -----

-----  
Name -----

-----  
District/Municipal Health Inspector (stamp)

**B. TO BE ENDOSED BY THE DISTRICT/MUNICIPAL/DIVISION / CITY EDUCATION OFFICER**

I recommend/ do not recommend the boarding application

Reasons-----

-----  
Comment-----

-----  
Full name-----signature-----

-----  
Date-----

**SECTION THREE**

**A. TO BE ENDOSED BY THE ASSISTANT COMMISSIONER, DIRECTORATE OF EDUCATION STANDARDS REGIONAL OFFICER**

I recommend/ do not recommend the boarding application

Reasons-----

-----  
Comment-----

-----  
Full name-----signature-----

-----  
Date-----

Stamp

**B. TO BE ENDOSED BY THE DIRECTOR, DIRECTORATE OF EDUCATION STANDARDS**

I recommend/ do not recommend the boarding application

Reasons-----

Comment-----

Full name-----signature-----

-

Date-----

Stamp

**C. TO BE ENDOSED BY THE MoES ASSESSING OFFICER HEADQUARTERS**

I recommend/ do not recommend the boarding application

Reasons-----

Comment-----

Full name-----signature-----

-

Date-----

**D. TO BE ENDOSED BY THE COMMISSIONER PRIVATE SCHOOLS MoES HEADQUARTERS FOR APPROVAL**

Approved-----

Not approved-----

----

Full name-----signature-----

**FOR PERMANAT SECRETARY**

Date-----