MEDICAL EXAMINATION FORM

NAME:	CLASS: AGE:	
Have you ever suffered from: (SAY YES / NO)		
Mumps? Measles?	Chicken pox?	
Red eyes? Typhoid?		
Asthma? Sickle Cells?	Epilepsy?	
General Condition: Anaemi	ia: Jaundice:	
Sight:		
Lympnodes:		
E.N.T:		
C.V.S: B/P:	Heart:	
Respiratory System:		
Lungs:		
CXR:		
Abdomen:		
Liver: Spleen:	Hernia:	
C.N.S:		
Dental:		
Laboratory:		
Blood Slide: Widal Test:	Others:	
Any other comments:		
I have examined the above person and consider him	m / her Fit / unfit for studies / work.	
Name of examining Doctor	Date and stamp:	
Dr NAIGAR S	Ground Floor (Terrace) Room No. 25	

Dr. NAIGA R. S. QUALITY MEDICAL CLINIC.

Ground Floor (Terrace) Room No. 25 KING FAHAD PLAZA Plot 52, KAMPALA ROAD P. O. BOX 30128, TEL. 342898, MOB. 0752-696 148 KAMPALA-UGANDA

RULES & REGULATIONS

- 1. All school fees must be paid in the bank.
- 2. Neither eats nor is money allowed to be kept by the girls.
- 3. Reporting to school after holidays must be between 2. 00 and 6. 00 p.m. in full uniform.
- 4. All drugs must be kept at the sickbay.
- 5. No alcohol should be brought at school at any one time.
- 6. Children who stay away for two weeks without any proper communication to the office from the day a term commences will forfeit their places.
- 7. Parents are not allowed in the dormitories on any other day expect at beginning and end of term for security reason.
- 8. Every parent / guardian must present the pupil's identity card before being given chance to talk to her or collect her from school.
- 9. If a child has been living with any family member suffering from
- Measles Mumps
- Chicken pox Hepatitis A

Or any other epidemic, she should be left at home for at least a week before bringing her back for a new term.

- 10. All children must be taken for medical check up every beginning of term before returning them to school.
- 11. Parents and pupils should give due respect to each other and all members of staff –teaching and non-teaching.
- 12. School fees should be paid at the beginning of every term. Defaulters will be fined.

т	Donant / avandian of				
primary	Parent / guardian of				
printary	••••••				
I have read the rules and regulations, and I am ready to abide.					
Signed:PARENT / C	Date:				

P. O. BOX 4073 **KAMPALA.**

Tel: 0414596930

Dear Parent / Guardian,

I congratulate you for having succeeded to get a place at Gayaza Junior School. Gayaza Junior School is a National school. It is church founded and 113 years old. Our motto is "Never Give Up". We need your co-operation in all matters so as to maintain both the status and standard of the school.

School Rules and Regulations:

You will be expected to abide by the school rules and regulations. It is also your duty to train your child to be obedient and patient.

Visitations:

You are expected to come and check on your daughter's performance as often as possible. Don't carry any eats for her. However, the visiting Day is once a term.

Meals:

Your daughter is expected to respect the school meals, provided THE SCHOOL PROVIDES: Posho, matooke, lumonde, cassava,

beans, cowpeas, Soya, beef, pork for (non-Muslims). Tea with milk, millet porridge, tea without milk, Soya beans, bread, eggs and fresh diary milk (on some days of the week). If your daughter is allergic to any of the above foods please inform the administration.

Uniform:

The school uses 6 colours for the uniforms

Primary one & Primary two - Royal blue.

Primary three & Primary four – five - Green

Primary six & Primary seven - Pink

Confirmants - White

Daily wear - Purple

Prefects - Light blue

It is illegal to start making this uniform outside the school.

Religious affiliation:

The school as earlier on mentioned is church of Uganda Anglican. However we remind you that the girls are taught <u>Religious Education</u> and the church of Uganda girls are confirmed when in primary six.

Sports:

Your daughter will be fixed in one of the countries for the Sports.

These are;

Red Angola
Blue Ghana
Yellow Algeria
Green Zambia

These African countries come form the word GAYAZA. With those few remarks I wish you a happy stay at Gayaza Junior School.

HEADMISTRESS

(This form is supposed to be filled by the headteacher)

Information from previous school

Name of School:
Name of child:
Age:
Class:
Date when joined your school:
Any problem with this child? Yes / No
If any please mention the nature:
Any healthy problem noticed? YES / NO.
If any please mention the nature of problem.
Has the parent / Guardian been co-operative? YES / NO.
Has the parent / Guardian paid all the fees before leaving the school?
Headteacher's comment about the child, parent or both.
Signed: SCHOOL STAMP

P. O. BOX 4073

RECORD FORM

CHILD'S NAME	:	CLASS:	
DATE OF BIRT	H:		
RELIGION:			
FATHER'S NAM	IE / GUARDIAN:		
TELEPHONE NO	O.		
			•••••
			•••••
RESIDENCE:			
NAME OF HILL	OR VILLAGE:	• • • • • • • • • • • • • • • • • • • •	
DISTANCE FRO	OM GAYAZA TO YOUR HOME:		
THREE NAMES	, THEIR ADDRESSES AND TELEPHONE NOS. TO	BE CON	TACTED IN
ANY CASE OF	EMERGENCY:		
1.			
2.			
3.			
	NTIFICATION NUMBER (NIN): (i.e. CM / CF		
		•••••	
THIS EUDIN SHU	NIILD BE EILLED WIND DETLIDNED TO THE OFFICE ON	I THE DED	ODTING DAV

TO SCHOOL; TOGETHER WITH THE RULES & REGULATIONS AND INFORMATION FROM PREVIOUS SCHOOL.

PLEASE PIN THEM TOGETHER AND PRESENT THEM IN THE OFFICE.