

CONNECT SCHOOL MBUYA NURSERY & PRIMARY

TEL: 0707853143 / 0786098434

Email: admin@connectschoolsuganda.org

Website: www.connectschoolsuganda.org

1. LOCATION:

Connect School Mbuya is located in Kampala District, Nakawa Division, Mbuya Trading Centre – Kinawataka Road next to Revenue Head Offices / Next to Nakawa Magistrate Court.

2. STATUS:

Connect School Mbuya is a private day school.

3. CURRICULUM:

The school offers a wide range of subjects for nursery and primary, following the Ugandan set current curriculum designed by the NCDC.

It offers international and local languages for pupils.

NURSERY / SUBJECTS	PRIMARY / SUBJECTS
MATH CONCEPTS	SST
SOCIAL DEVELOPMENT I & II	ENGLISH
HEALTH HABITS	MATHS
LANGUAGE DEVELOPMENT I & II	LIT
WRITING	SCIENCE
READING	READING & KISWAHILI

4. LANGUAGES:

1. English
2. Luganda
3. Kiswahili

5. VOCATIONAL SUBJECTS:

1. Agriculture
2. Computer Trading & Studies
3. Art and Design
4. Drawing

6. CO-CURRICULUM ACTIVITIES & RECREATION:

The school offers facilities for Foot Ball, Volley Ball, Net Ball, Athletics, Music Dance and Drama (MDD), Debate & Public Speech

7. SCHOOL CALENDAR:

The school follows the schools' general calendar as released annually by the ministry of Education and sports or otherwise as directed by the relevant regulatory organs.

8. SCHOOL ROUTINE:

Connect School Mbuya emphasizes academic improvement of learners and Discipline :- Thus the school' daily routine is tailored to effect.

TIME	ACTIVITY
06:00AM – 06:30AM	ARRIVAL OF TEACHERS
07:00AM – 07:00AM	ARRIVAL OF LEARNERS
07:00AM – 07:10AM	PRAYERS
07:10AM – 07:30AM	JOGGING / SPORTS
07:30AM – 08:00AM	PREPARATION OF LESSONS
08:00AM – 10:30AM	LESSONS
10:30AM – 11:00AM	BREAKFAST
11:00AM – 01:00PM	MID MORNING LESSONS
01:00PM – 02:00PM	PRAYER / LUNCH
02:00PM – 04:00PM	AFTER LUNCH LESSONS
04:00PM – 04:30PM	RECREATION / GAMES
04:30PM – 06:00PM	DEPARTURE

Medical Care: A first aid clinic to handle minor and common ailments is available. Serious cases are referred home or to major medical establishments at the parents costs.

Registration Requirements.

- ✓ Admission Letter
- ✓ Testimonial or report from previous school.
- ✓ Evidence of payment of fees on the 1st reporting day.

SCHOOL FEES / REQUIREMENT STRUCTURE

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1. REGISTRATION AND REQUIREMENTS FOR NURSERY AND PRIMARY SECTION.

- i. Admission fee 50,000/=
- ii. Interview fee (primary) 20,000/=
- iii. Report card from the previous school (primary).
- iv. Two (2) passport photos for the child and parent or guardian each.
- v. Photocopy of parent's National identity card
- vi. A ream of paper (Rotarim)

2. FEES STRUCTURE.

CLASS	FEES STRUCTURE
Baby - Top	500,000/=
P.1 – P.5	600,000/=

3. UNIFORMS.

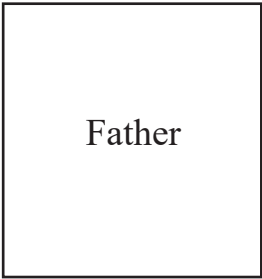
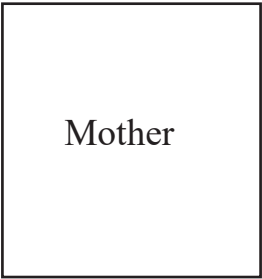
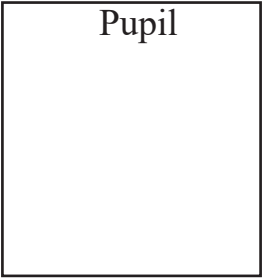
Full set (kit) of uniform is obtained from school at the cost of;

CLASS	COST
Nursery (baby – top)	145,000/=
Primary (P.1 – P.5)	155,000/=

4. TRANSPORT.

NB: The transport charge will depend on distance.

APPLICATION FORM FOR THE YEAR 20.....



Fasten all the above photos in right place.

STUDENT ADMISSION NO:

.....

DATE OF ADMISSION:

.....

Student’s particulars:

(to be completed by the applicant with the assistance of the parent/guardian.)

STUDENT’S FULL NAME:

DATE OF BIRTH: RELIGION.....

NATIONALITY NIN.....

HOME DISTRICT.....

COUNTY/DIVISION.....

PARISH.....

VILLAGE/ZONE.....

CLASS INTO WHICH ADMISSION IS BEING SOUGHT:

.....

(Attach photocopy of recent results) (report/result slip)

RESULTS GOT:(AGGR)& DIV:

.....

PREVIOUS SCHOOLS (S) ATTENDED (INDICATE THE YEARS)

(A).....YEAR.....

(B).....YEAR.....

PARENT’S/GUARDIAN’S PARTICULARS

(to be completed by the parents/guardian *WHERE*
(*APPLICABLE*)

FATHERS NAME:

Address.....Tel:.....

Occupation.....

Place of work:.....

.....

MOTHER’S NAME:

.....

.....

Address:.....Tel:.....

Occupation:.....

Place of Work:.....

GUARDIAN’S NAME:

.....

Address.....Tel:.....

Occupation.....

Place of work:.....

Nearest person to school who can be contracted in case of
emergency:

.....

Place of Residence (LC1).....

(LC3).....

District:.....Tel Contract:.....

Any abnormality special case that the administration should know
about the child?

.....

(attach medical forms from the medical practitioner)

I declare that the information given above is correct and true.

.....

Signature of applicant

.....

Signature of parent/guardian

OFFICIAL USE ONLY:

Admisson granteded /not granted

Remarks:

Signatuer: _____

Title _____