

GAYAZA CHURCH OF UGANDA SECONDARY SCHOOL



TEL: 0700 699 951 || 0784 749 061

Our Ref: /ADM/APPLC
Your Ref:

Receipt No:

Date:

APPLICATION FORM FOR ADMISSION TO A' LEVEL

(Use block letters)

NAMES:

(Use names you registered with UNEB) EMIS/LIN No:

Date of birth: SEX: RELIGION: NATIONALITY:

HOME DISTRICT: CURRENT RESIDENCE: VILLAGE:

FATHER'S NAME: OCCUPATION: TEL:

MOTHER'S NAME: OCCUPATION: TEL:

NIN NUMBER (PARENT)

NEXT OF KIN OCCUPATION: TEL:

RELATIONSHIP:

FORMER SCHOOL:

UCE GRADES OBTAINED YEAR: INDEX NUMBER:

SUBJECT	GRADE	SUBJECT	GRADE	SUBJECT	GRADE
English		History		Commerce	
Physics		Geography		Computer	
Chemistry		Literature		Typing	
Biology		Luganda		Accounts	
Mathematics		French		Fine Art	
Agriculture		German		Foods and Nutrition	
Technical Drwg.		C.R.E		Entrepreneurship	

GRADE: AGGREGATE IN BEST 8:

(Attach photocopy of results slip)

Combinations applied for (See over leaf for available combinations)

1ST 2ND 3RD

Any special interest/co curricular activities (attach certificates of merit)

Do you have any medical problem? (These should be certified by a medical doctor)

I certify that the information given above is true and here by undertake to abide by the rules and regulations if admitted.

Sign: (**STUDENT**): **PARENT**:

PASSPORT
PHOTO