

GAYAZA CHURCH OF UGANDA SECONDARY SCHOOL



Tel: 0700 699 951 || 0784 749 061

Our Ref:
Your Ref:

Date:

APPLICATION FORM FOR ADMISSION TO 'O' LEVEL

Passport Photo

SUR NAME: Receipt No:
OTHER NAMES: EMIS/LIN NO.....
(Use names you registered with UNEB)
Date Of Birth: SEX: RELIGION:
HOME DISTRICT:..... NATIONALITY:.....
CURRENT RESIDENTIAL AREA: VILLAGE:
FATHER'S NAME: OCCUPATION:..... TEL:.....
MOTHER'S NAME: OCCUPATION: TEL:.....
NEXT OF KIN: OCCUPATION:..... TEL:.....
RELATIONSHIP: NIN NUMBER (PARENT).....
FORMER SCHOOL:.....

PLE GRADES OBTAINED: **YEAR:**..... **Index No**.....

SUBJECT	AGG	SUBJECT	AGG
English		Mathematics	
Science		Social Studies	

Total Aggregates:..... **Division:**
(Attach photocopy of PLE results slip)

CLASS TO WHICH ADMISSION IS SOUGHT:

Any special Talent(s)/ Co- Curricular Activities:

Yes: (If YES, Attach Certificates of Merit) / No:.....

DO YOU HAVE ANY MEDICAL PROBLEMS? (These should be certified by a Medical Doctor).

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

SIGN: (PARENT): **(STUDENT):**