SEETA HIGH SCHOOL
Tel: 0393208872

P.O.BOX 417, MUKONO

Our Ref: SHS/ADMN/APPCN



E-Mail: admin@seetahigh.ac.ug website: www.seetahigh.ac.ug

Your Ref:		Do	ate:	
APPLICATION F	ORM FO	OR ADMISSION TO 'O'	<u>LEVEL</u>	
SUR NAME:		Receipt No:		Passport Photo
OTHER NAMES:		•		
(Use names you registered	with UNE	B)		
Date Of Birth:	SEX	: RELIGION:		
HOME DISTRICT:		NATIONALITY:		
CURRENT RESIDENTIAL ARI	EA:	VI	ILLAGE:	
FATHER'S NAME:		OCCUPATION:	TE	L:
MOTHER'S NAME:		OCCUPATION:	TE	L:
NEXT OF KIN:		OCCUPATION:	TE	EL:
RELATIONSHIP:				
FORMER SCHOOL:				
			_	
PLE GRADES OBTAINED:		YEAR:)
SUBJECT English	AGG	SUBJECT Mathematics	AC	GG
Science		Social Studies		
Science		Social Studies		
Total Aggregates:		Division:	•••••	•••••
(Attach photocopy of PLE res	sults slip)			
CLASS TO WHICH ADMISSIO	N IS SOU	GHT:	•••••	
Any special Talent(s)/ Co- Cu	rricular Ac	ctivities:		
		ertificates of Merit) / No:		
DO YOU HAVE ANY MEDICAL				
I		certify that the inform	ation given abo	ve is true and hereby
undertake to abide by the sch			C	
·				
SIGN: (PARENT):		(STUDEN	Γ):	

Note: All applications should be accompanied by a Recommendation, Photocopy of Pass slip, and or Report Forms from Former School where applicable.