



**ST. LAWRENCE JUNIOR SCHOOL KABOWA**  
**P. O. Box 36198, Kampala. Tel: 0772-420506/0701-420506**  
**E-mail: stlawrencejuniorschool@yahoo.com**

Date: .....

## APPLICATION FORM FOR ADMISSION NEW ENTRANTS

Passport Photo

SUR NAME: .....

OTHER NAMES: .....

**(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: .....

CLASS FOR WHICH ADMISSION IS REQUESTED: .....

Do you have any special talents or participate in co-curricular activities?

Yes: ..... (If YES, please attach certificates of merit) /

No: .....

DO YOU HAVE ANY MEDICAL CONDITIONS? (These must be verified by a licensed medical doctor).

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I ..... hereby certify that the information provided above is accurate, and I agree to follow the school rules and regulations if granted admission.

SIGN: (PARENT): ..... (STUDENT): .....