



ST.AUGUSTINE'S. COLLEGE WAKISO

MIXED DAY AND BOARDING 'O' AND 'A' LEVEL. P.O BOX 5399,KAMPALA UGANDA

Email:staugustinewakiso@yahoo.com

Website:www.staugustinewakiso.ac.ug

Year of Application: 2025

Dear Parents / Guardians,

RE: ADMISSION TO SENIOR FIVE 2025 APPLICATION FORM.

Greetings from St. Augustine's College – Wakiso.

Kindly follow the following steps to complete the application process :-

1. Print and fill in the application form from our website at www.staugustinewakiso.ac.ug
2. Pay application fee of 50,000/= to A/C Number 3100015152 Centenary Bank.
3. Take a picture of the application form and payment slip and send it to our Email address: staugustinewakiso@yahoo.com

For inquires, contact any of the following numbers 0772 460 874 and 0772 844 097. Or Send us a message on our website on the Contact page:
www.staugustinewakiso.ac.ug

Yours Faithfully,

Owek. Ddamulira Joseph K.S.

HEADTEACHER



ST. AUGUSTINE'S. COLLEGE WAKISO

MIXED DAY AND BOARDING 'O' AND 'A' LEVEL

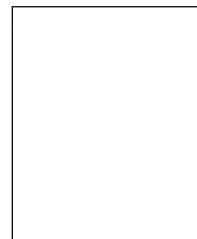
P.O BOX 5399, KAMPALA UGANDA

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SENIOR FIVE 2025 APPLICATION FORM

USE CAPITAL LETTERS ONLY.



APPLICANT'S IDENTITY/PARTICULARS

Surname: Other Names: Sex:
 Nationality: Date of birth:
 Age: Religion: Tribe:
 Home District: Physical Residence: Residential
 Status: Day ☐ Boarding ☐

PARENTHOOD/GUARDIANSHIP (FAMILY DATA)

Father's Names..... (Alive/Deceased)
 Father's Occupation: Place of work:
 Address: Telephone/ Mobile No.....

Mother's Names..... (Alive/Deceased)
 Mother's Occupation: Place of work:
 Mother's Address..... Telephone/ Mobile No.....
 Physical Address:

Guardian's Name: Telephone/Mobile No
 Occupation: Relationship with Guardian:

U.C.E RESULTS (Attach copy of the Result Slip)

Former School: Year sitting of U.C.E Exams

SUBJECT	HISTORY	MATH	ENGLISH	PHYSICS	BIOLOGY	CHEMISTRY
GRADE						
SUBJECT	GEOGRAPHY	RELIGIOUS STUDIES			ENTREPRENEURSHIP	OPTIONAL SUBJECT
GRADE						

Result:

Final Grade:

Responsibilities Held:

1.....

2.....

Talents in Co- curricular (Music, Dance, Drama, Games and Sports.)

1: _____ 2: _____

3: _____ 4: _____

Health Data

1 Any Chronic Health Diseases
.....
.....

2 Allergies (Specify if any)

.....
.....
.....

3 Any food you don't Consume.....
.....
.....

N.B THIS FORM SHOULD BE FILLED AND RETURNED TO THE SCHOOL.

You verify that this information is true by signing below:

Applicant's Signature: Date:

Parent/Guardian's signature: Date: