



ST.AUGUSTINE'S. COLLEGE WAKISO

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

[Email.staugustinewakiso@yahoo.com](mailto:staugustinewakiso@yahoo.com)

Website.www.staugustinewakiso.ac.ug

22nd ,July, 2021

Dear Parents / Guardians,

RE: ADMISSION TO SENIOR ONE 2021 APPLICATION FORM

Greetings from St. Augustine's College – Wakiso.

Apparently, we are still under lockdown with restriction on movements.
Those interested in joining our school can follow the following procedure: -

1. Download and print the application form from our website at www.staugustinewakiso.ac.ug
2. Pay application fee of 30,000/= 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

alternatively

Pick an application form from school, after paying the application fee to Centenary Bank.

For inquires, contact any of the following numbers 0772 983 904, 0772 460 874 and 0772 844 097.

Reporting of senior one students, will depend on government guidance on the re-opening of schools.

Keep safe and observe the Covid SOPs.

Yours Faithfully

Rev. Fr. Kaweesa Benedict

HEADTEACHER



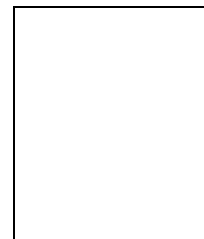
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SENIOR FIVE 2023 APPLICATION FORM

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
AGGREGATE						
Subject	Geography		Religious studies		Optional subject	Optional subject
Grade						

Total Aggregate:

Division/Grade:

Responsibilities Held:

1..... School/Place.

.....

2 School/Place

.....

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

1: _____ 2: _____

3: _____ 4: _____

Health Data

1 Any Chronic Health Data

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2 Allergies.....

.....

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

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N.B THIS FORM SHOULD BE FILLED AND RETURNED

You verify that this information is true by signing below:

Applicant's Signature:

Date:

Parent/Guardian's signature:

Date: