# ST.AUGUSTINE'S. COLLEGE WAKISO

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

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

Website.[www.staugustinewakiso.ac.ug](http://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](http://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](mailto:staugustinewakiso@yahoo.com)

## For inquires, contact any of the following numbers 0772 983 904, 0772 460 874 and

**0772 844 097. Or Send us a message on our website on the Contact page:** [www.staugustinewakiso.ac.ug](http://www.staugustinewakiso.ac.ug/)

Yours Faithfully,

Mr. Ddamulira Joseph

## HEADTEACHER

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# 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** | | | **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 ……………………………………………............................................**

**…………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………**

1. **Allergies………………………………………………………………………………………**

**…………………………………………………………………………………………………..**

**………………………………………………………………………………………………….**

1. **Any drinks you don’t Consume………………………………………………………….**

**……………………………………………………………………………………………………**

**……………………………………………………………………………………………………**

**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: ……………………….