

St. Mark's College Namagoma

10 Miles Kampala - Masaka Road, P.O.Box 22888, Kampala.
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RE: APPLICATION FORM FOR A-LEVEL ADMISSIONS (2019)

A: STUDENT DETAILS

1. Name of Student Sex.....
2. Class to be admitted to Day OR Boarding?.....
3. Date of Birth Position in family (e.g 1st born)
4. Nationality Religion.....
5. Former School
6. **Attach UCE Results.** Subject Combination Desired:.....
7. **SPECIAL NEEDS:**
 - a) Physically impaired.....b) visually impaired.....
 - c) Hearing impaired.....d) mentally impaired.....
 - e) Known health problems (e.g. Diabetic, Asthmatic)
 - f) Do you have dietary problem? If yes, specify.....

B: PARENTS' / GUARDIANS' DETAILS:

8. Father's.....or Guardian's information: (please tick appropriately)
 - Name:
 - Occupation..... Place of work.....
 - Home location
 - Telephone(s)
 - Email.....
9. Mother'sor Guardian'sinformation: (please tick appropriately)
 - Name:
 - Occupation..... Place of work.....
 - Home location
 - Telephone(s)
 - Email.....
10. Next of kin's information:
 - Name:
 - Occupation..... Place of work.....
 - Home location
 - Telephone(s)
 - Email.....
11. Is the student an Orphan? Yes / No.....
12. If the answer is YES, which parent is deceased? Mother...Father....Both..... (Tick appropriately).
13. If the answer to 10 above is NO, which parent does student stay with?
Both parents.....Mother.....Father..... (Tick appropriately).
14. How did you know about St. Mark's College?
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15. Member of staff known to you? Y...N.....Name.....
16. Any current student known to you? Y...N.....Name.....Class.....

Application Date:.....Signature of Applicant:.....

Official Use: Admitted / Not Admitted. **Combination given:**.....

Signature:..... Date:.....