



NYABIKONI SECONDARY SCHOOL

P.O.BOX 304, KABALE (U)

+256-775475629 (H/T) +256-703599882 (ASST. DIR) +256-772655176 (EXC. DIR)

STUDENT'S BIO DATA FORM

Please
attach your
passport
size photo

1. BACKGROUND INFORMATION

- (a) Surname: Other Name: class:
(b) Date of Birth/...../..... Sex:.....
(c) Village (L.CI) Parish (L.CII).....
Sub County (L.C III): District: Nationality:

2. ADMISSION DETAILS:

- (a) Former school: Physical Location:
(b) Aggregate at PLE/UCE: Division attained:
(c) Combination allocated (A 'level)

3. INFORMATION ABOUT PARENT(S) OR GUARDIAN(S)

Person	Name	Occupation	Telephone contact
Father			
Mother			
Guardian			

- In case of urgent need, who is the next person (not a parent / guardian) that the school can contact?

Name: Occupation: Relationship:

Telephone contact:

- Do you have any health issues? If yes, state it in this space provided and attach copies of relevant medical reports

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4. VERIFICATION (To be filled by a Parent / Guardian).

I, Parent/Guardian of:

Certify that the Information given above is, to the best of my knowledge, correct

Signature:

Date:/...../20.....