



MPIGI MOSLEM SECONDARY SCHOOL – MPIGI

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OUR REF: MMSS /ADMN / 2025

ADMISSION FORM

NOTES:

Attach a copy of your PLE, UCE result slip
or a copy of your report card(s)

**2 passport size
Photos must be
Attached
Student**

**2 passport size
Photos must be
Attached
Parent/Guardian**

Date: ____/____/____

Class applied for: _____

Surname _____ Given name _____

Other names _____ Signature _____

BLOCK LETTERS

Sex _____ Nationality _____ Religious denomination _____

Date of birth ____/____/____

NAME OF YOUR PRIMARY SCHOOL: _____

List your Primary Leaving Examination results (attach result slip)

| MATH | ENG | SCI | SST | AGG | DIV |
|------|-----|-----|-----|-----|-----|
| | | | | | |

NAME OF YOUR PREVIOUS SCHOOL: _____

WHERE APPLICABLE, TICK YOUR SUBJECTS / COMBINATION YOU ARE HOPING TO OFFER

| MATH | ENG | PHY | CHEM | BIO | GEO | HIST | F.ART | CRE | IRE | AGRIC | ENT | LUG | LIT | P.E | KISWA | ARABIC | ECON | GP | Sub MTC | ICT |
|------|-----|-----|------|-----|-----|------|-------|-----|-----|-------|-----|-----|-----|-----|-------|--------|------|----|---------|-----|
| | | | | | | | | | | | | | | | | | | | | |

HOW DID YOU COME TO KNOW ABOUT THIS SCHOOL (tick the most suitable option)

- | | | | |
|--------------------------------|--------------------------|----------------------|--------------------------|
| a) Parent/Family Member/Friend | <input type="checkbox"/> | d) Staff members | <input type="checkbox"/> |
| b) Old students | <input type="checkbox"/> | e) School catalogues | <input type="checkbox"/> |
| c) Media/Newspapers/TV | <input type="checkbox"/> | f) Website | <input type="checkbox"/> |

You will offersubjects / combination (if applicable)

You have been admitted at Mpigi Moslem Secondary School but we don't compromise on matters concerning discipline and academics. I wish you the best stay with us and remind you that we expect hard work, normal and reasonable conduct from you.

MEDICAL EXAMINATION FORM

You are here by requested to effect a thorough medical check up of your daughter / son and present a certified report on the reporting day.

Name: Class:

Home/Parent's telephone No:

1. Have you ever been admitted in any hospital before (Yes/No).....

a) If yes, give reasons:

b) Allergy to drugs / foods (tick where applicable).....

c) Give details.....

d) Asthmatic or history of asthma in family.....

e) Any hearing defect?

f) Heart problem?

g) Blood pressure?

h) Chest pain?

i) Hernia?

j) Seizure attack?

k) Blood sugar level?

2. Any other information about your health.....

General report:

Name of Doctor:

Signed Date:

3. Dentist's report:

Name of Doctor:

Signed Date:

4. Eyes specialist's report:

Name of Doctor:

Signed Date:

OFFICIAL STAMP

5. ANY HEALTH HANDCAP? (E.g. Lame, Deaf, etc.)

FUTURE CAREERES:

List three careers you intend to pursue in order of priority,

- a)
- b)
- c)

Sponsor's Name: Mr. / Mrs. / Ms. / Dr. / Pr. / Rev. / SHK. / NGO

.....

Relationship:Occupation:

Place of work: Address:

Email:Mobile No:

Language spoken at home:Position in family.....out ofchildren

Father's name: Father's occupation:

Address: Father's religion:

Email: Mobile No:

Mother's name: Mother's occupation:

Address: Mother's religion:

Email: Mobile No:

Physical address (where exactly do you reside and with who)

.....

Email: Tel. NO:

Do you have any relative in this school? (Yes/No):

Staff (Name):Student (Name):

Certification

I certify that the information provided is accurate and true.

Applicant's Signature: _____

Date: _____

Thank you for choosing Mpigi Moslem Secondary School, Mpigi Town