



# 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](http://www.staugustinewakiso.ac.ug)

Year of Application: 2026

Dear Parents / Guardians,

## **RE: ADMISSION TO SENIOR FIVE 2026 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 460 874 and 0772 310 951. 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**

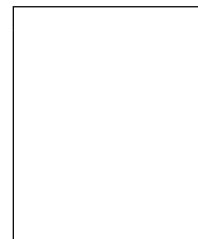


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## SENIOR FIVE 2026 APPLICATION FORM

**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 .....

<b>SUBJECT</b>	<b>HISTORY</b>	<b>MATH</b>	<b>ENGLISH</b>	<b>PHYSICS</b>	<b>BIOLOGY</b>	<b>CHEMISTRY</b>
<b>GRADE</b>						
<b>SUBJECT</b>	<b>GEOGRAPHY</b>	<b>RELIGIOUS STUDIES</b>			<b>OPTIONAL SUBJECT</b>	<b>OPTIONAL SUBJECT</b>
<b>GRADE</b>						

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 .....**

.....  
.....

**2 Allergies.....**

.....  
.....

**3 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: .....**