



ST.AUGUSTINE'S. COLLEGE WAKISO

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

Email:staugustinewakiso@yahoo.com

Website:www.staugustinewakiso.ac.ug

Year of Application: 2025

Dear Parents / Guardians,

RE: ADMISSION TO SENIOR ONE 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
2. Pay application fee of 50,000/= 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

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

Yours Faithfully,

Owek. Ddamulira Joseph K.S

HEADTEACHER



ST. AUGUSTINE'S. COLLEGE WAKISO

MIXED DAY AND BOARDING 'O' AND 'A' LEVEL

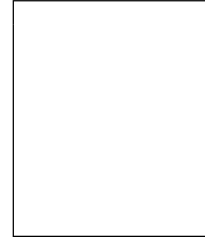
P.O BOX 5399, KAMPALA UGANDA

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

Website.www.staugustinewakiso.ac.ug

SENIOR ONE 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:

P.L.E RESULTS (Attach copy of the Result Slip)

Former School: Year sitting of P.L.E Exams

SUBJECT	MATHEMATICS	ENGLISH	SCIENCE	SOCIAL STUDIES
SCORE				

Total Aggregate:

Division/Grade:

Responsibilities Held:

1School/Place.

2School/Place.

Talents in Co- curricular (Music, Dance, Drama, Games and Sports.)

1: 2:

3: 4:

Health Data

1 Any Chronic Health Data

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2 Allergies.....

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3 Any drinks you don't Consume.....

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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: