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

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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:

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: …….