



# 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 ONE 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 inquiries, contact any of the following numbers 0772 460 874 and 0772 310 951. Or send us a message on our email [staugustinewakiso@yahoo.com](mailto:staugustinewakiso@yahoo.com)**

Yours Faithfully,

Mr. Ddamulira Joseph

**HEADTEACHER**



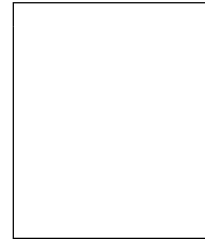
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## SENIOR ONE 2026 APPLICATION FORM

**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: .....

### 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:** .....