

ST. THERESA GIRLS SECONDARY SCHOOL, BWANDA

Tel: 0780 – 319986
Email: stregssbwanda@yahoo.com



P. O. Box 225
Masaka, Uganda

Our Ref.....
Your Ref.....

Date.....

'O' LEVEL ADMISSION FORM **COMPLETE THIS FORM FULLY**

1. **Your Name:**.....
2. **Date of Birth:** Day..... Month..... Year.....
3. **Home Address:**.....
.....
4. **Telephone No:**.....
5. **Parents Name:** **Father:**.....
 Mother:.....
 Guardian:.....
6. **Your Religion:**.....
7. **Home Parish:**.....
8. **Home Village:**.....
9. **Parish (Muluka):**.....
10. **Sub-County:**.....
11. **County:**.....
12. **District:**.....
13. **Country (if non-Ugandan):**.....
14. **Parent or Guardian's occupation:**.....
15. **Your tribe:**.....
16. **Who will sponsor you:**.....
17. **Class applied for:**.....
18. **Date of admission:**.....

INTERESTS

1. Do you have hobbies?.....
If yes, name them.....
2. Which games do you participate in?.....

Answer the following questions clearly and truthfully

1. Who is your closest relative?.....
2. Who will pay your fees?.....
3. Are you in good health or you suffer from any chronic disease? (Yes/No).....
 - a. If you suffer from some disease;
 - b. What is it?.....
 - c. Where do you get the treatment?.....
4. Are your teeth good?..... Your eyes?..... Your Ears?.....

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ACADEMIC INFORMATION

Names of schools you have attended

1.
2.
3.
4.

PRIMARY LEAVING RESULTS (Year.....)

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES	AGREGGATE

FOR SENIOR 2 AND SENIOR 3 YOU MUST BRING YOUR END OF TERM THREE REPORT AND FILL IN YOUR RESULTS BELOW:

ENG	LIT	HIST	GEO	CRE	MATH	LUG	PHY
CHEM	BIO	F/ART	COMMERRCE	ACCOUNTS	FRENCH	F/N	ENT
AGGREGATES				DIVISION			

I declare that all the information given above is correct and that I shall be able to verify it when the school authorities request if of time.

Student's Name

.....

Student's Signature

.....

Parent's Name

.....

Parent's Signature

.....

Parent's Tel No:.....