BUJUUKO SECONDARY SCHOOL

Location: Bujuuko – Mityana Rd. | P.O BOX 27586 Kampala – Uganda
Tel: 0392 553 372, 0702 553 372, 0704 553 372 | Tel (K'la Office): 0414 371 116
Email: bujuukossch@gmail.com

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

RE: **APPLICATION FORM 20.....**

Please fill in the following information correctly. (***Senior one should ignore number 9 of this form***)

1. Name of the student (application).....LIN.....
2. Date of birth.....3.Nationality..... 4. Gender.....

5. Class to be admitted to..... 6. Denomination/Religion.....

7. District of origin.....8.PLE results (Total Agg)..... (***attach the result slip***)

PLE Index number..... Scores per subject.

MATHEMATICS.....ENGLISH.....SST.....SCIENCE.....

9. UCE result and most recent report card (***attach a photocopy of the result slip***)

UCE index No.....Best 8 score.....

Preferred combination e.g. .PEM, MEG, HEG

i) ..... ii).....

10. School attended (***start with the most recent***)

School	Years	Class (es)
.....	..... to	.....
.....	..... to	.....

11. Health or dietary problems **(*if any*).....** (***Attach a medical report***)

12. Parents /Guardians information.

Name of Parent..... Place of work.....

Designation/position at the place of work.....

Physical address .....Personal Tel. No.....

NIN.....Email address.....

13. Next of kin (***in case the parent is not available***)

Parent..... Place of work.....

Designation /position at the place of work.....
Physical address.....Personal Tel. No.....
NIN.....Email address.....

For day students only:
The student will be coming to school by; Family car ☐ public means ☐ foot ☐ (***please tick***).

For official use only