

LOWELL GIRLS' SCHOOL

P. O. Box 25450

KAMPALA

UGANDA.

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A-LEVEL APPLICATION FOR ADMISSION TO LOWELL GIRLS' SCHOOL

SECTION A: INFORMATION ABOUT THE STUDENT

1. Student's Surname/Family Name: _____

Other Names: _____

A-Level Class to which admission is sought: _____

2. Date of Birth: _____

3. Nationality: _____ Religion: _____

4. Previous school(s) attended and address:

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vi) _____

When did you sit for O/level Exams?

Year: _____ Index No: _____ Grade: _____

Subject:	Grade	Subject	Grade
*Math	_____	*Home Economics	_____
*English	_____	*Music	_____
*Physics	_____	*Commerce	_____
*Chemistry	_____	*Accounts	_____

*Biology	_____	*French	_____
*History	_____	*Germany	_____
*Geography	_____	*Arabic	_____
*Fine Art	_____	*T.D.	_____
*CRE	_____	*Wood Work	_____

SECTION B: FAMILY INFORMATION

1. Father's/Guardian's names and address:

Village: _____ Sub-County: _____
County: _____ District: _____
Occupation: _____ Department: _____
Office Telephone No: _____ Res. Telephone No: _____
2. Mother's name: _____
Contact address: _____
3. Next of Kin (Not the Parent): _____
Address: _____
4. Are both your parents living? NO/YES (If not specify who is living)

5. Who is responsible for paying your school fees?
Name: _____ Relationship: _____
6. Health: (State any special attention due to health, which may be required by the student)

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND TRUE:

STUDENTS NAME: _____

SIGNATURE: _____

DATE: _____

PARENTS NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY:

ADMISSION TO SENIOR: _____ IS APPROVED/NOT APPROVED

COMBINATION (A'LEVEL): _____

SIGNATURE OF THE DOS: _____

HEADMASTER'S SIGNATURE: _____