

LOWELL GIRLS' SCHOOL

P. O. Box 25450

KAMPALA

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O-LEVEL APPLICATION FOR ADMISSION TO LOWELL GIRLS' SCHOOL

SECTION A: INFORMATION ABOUT THE STUDENT

1. Student's Surname/Family Name: _____

Other names: _____

O-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) _____

When did you sit for?

Primary Leaving Examination

Year: _____ Index No: _____ Grade: _____

Results: English: _____ Math: _____ SST: _____ Science: _____

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

SIGNATURE OF THE DOS: _____

HEADMASTER'S SIGNATURE: _____