MUZZA HIGH SCHOOL

KABEMBE – MUKONO

Amassawa Ssi Malima

Tel: 0755 888 104,
0708 930 688, 0772 503 770
Website: www.muzzahighschool.com

Our Ref: MHS/ADMN/APPCN

Your Ref: _____

Date: _____

Receipt No: _____

Passport Photo

APPLICATION FORM FOR ADMISSION TO 'O' LEVEL

1. PERSONAL DETAILS

(Use names you registered with UNEB)

SURNAME: _____	OTHER NAMES: _____	
DATE OF BIRTH: _____	SEX: _____	RELIGION: _____
NATIONALITY: _____	HOME DISTRICT: _____	EMIS/LIN NO.: _____
CURRENT RESIDENTIAL AREA: _____	VILLAGE: _____	

2. PARENTS AND NEXT OF KIN

	NAME	OCCUPATION	TEL
FATHER'S	_____	_____	_____
MOTHER'S	_____	_____	_____
NEXT OF KIN	_____	_____	_____

RELATIONSHIP (of next of kin to the applicant): _____	NIN NUMBER (PARENT): _____

3. ACADEMIC BACKGROUND

FORMER SCHOOL: _____	
PLE YEAR: _____	PLE INDEX NO.: _____

PLE GRADES OBTAINED:

SUBJECT	**AGG**	**SUBJECT**	**AGG**
English	_____	Mathematics	_____
Science	_____	Social Studies	_____

TOTAL AGGREGATES: _____	DIVISION: _____

(Attach photocopy of PLE results slip)

4. ADMISSION DETAILS

CLASS TO WHICH ADMISSION IS SOUGHT: _____	
ANY SPECIAL TALENT(S) / CO-CURRICULAR ACTIVITIES?	YES [ ] NO [ ]
If YES, state them (attach certificates of merit): _____ _____ _____	
DO YOU HAVE ANY MEDICAL PROBLEMS? (These should be certified by a Medical Doctor): _____ _____ _____	

DECLARATION

I, _____

certify that the information given above is true and hereby undertake to abide by the school rules and regulations if admitted.

_____ SIGN: (PARENT)	_____ SIGN: (STUDENT)	_____ DATE:

Note: All applications should be accompanied by a Recommendation, Photocopy of Pass slip, and or Report Forms from Former School where applicable.