



MUBANDA SECONDARY SCHOOL

MIXED DAY AND BOARDING (“O” & “A” LEVEL)

P.O BOX 21006, KASAWO,

TEL: +256 759 077 001, +256 777 510 255

Email: mubandas.s.s@gmail.com, info@mubandaskasawo.com

STUDENT’S APPLICATION FOR ADMISSION

Student’s name:

Parent’s / Guardian’s name:

Village: Tel:

Religion: Date of birth:

Former school: District:

Last class attended: Class applied for: The year you sat PLE:

LIN number:

Index number:

PLE RESULTS:-

MTC	ENGLISH	SCIENCE	S.S.T	AGGR	DIV

Index number:

UCE RESULTS:-

ENG	MTC	BIO	CHEM	PHY	HIST	GEOG	AGRIC	CRE	ENT	AGG	DIV

N.B: Attach photocopy of previous report / recommendation letter / pass lip

SECTION B: (PARENT / GUARDIAN'S INFORMATION)

Parent / guardian's name:Sign:

Address:

Contact number: Place of residence:

E-mail (if any): NIN number:

Maritalstatus: **Married** **Single** **widow** **Separate** **(tick one)**

Who is responsible for your school fees?

Relationship: Contact number:

NIN number:

FOR OFFICIAL USE ONLY:

Received by:..... Date: