



# D+S

## ST. SAVIO JUNIOR SCHOOL-KISUBI

Tel: 0392849452  
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P.O. BOX 10  
KISUBI

### INSTRUCTIONS:

### CAREFULLY READ THROUGH THE WHOLE FORM BEFORE FILLING IN INFORMATION ABOUT THE CANDIDATE:

1. FULL NAMES IN CAPITAL LETTERS  
SURNAME: ----- OTHER NAMES: -----
2. DATE OF BIRTH: ----- AGE: -----
3. NATIONALITY: ----- PLACE OF BIRTH: -----
4. RELIGION: -----BAPTISED?-----
5. LANGUAGE USED HOME:-----
6. PRESENT SCHOOL: -----
7. PRESENT CLASS: -----
8. YEAR OF WHICH ADMISSION IS BEING SOUGHT: -----
9. CLASS IN WHICH ADMISSION IS BEING SOUGHT: -----
10. INTERESTS: -----
11. HANDICAPS (If any): -----
12. ANY OTHER INFORMATION YOU WISH TO GIVE: -----  
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13. FORMER SCHOOLS ATTENDED:  
(i) ----- YEAR: -----  
(ii) ----- YEAR: -----  
(iii) ----- YEAR: -----  
(iv) ----- YEAR: -----

### YOU MUST ATTACH THE FOLLOWING:

- (i) Two recent passport photos of the candidate
- (ii) A photocopy of his baptismal card
- (iii) A photocopy of his birth certificate
- (iv) A photocopy of recent report. (come with original for reference)

**B: INFORMATION ABOUT THE PARENT / BENEFACTOR**

1. FULL NAMES IN CAPITAL LETTERS:-----  
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2. NATIONALITY:-----
3. OCCUPATION:-----
4. PRESENT CONTACT ADDRESS:-----  
-----
5. PLACE OF WORK:-----
6. TELEPHONE: (Office)----- (Mobile)-----
7. Email: -----
8. NIN: -----
9. **PHYSICAL LOCATION OF HOME:**  
District:-----County:-----  
Sub-county:-----Parish:-----  
Zone:-----L.C.1:-----

**Note:**

- If the information you have given changes, you have the responsibility to let us know to be able to communicate to you.
- All application forms must be handed in by 30<sup>th</sup> October.

*I hereby declare that all the details given above are correct and can be referred to.*

Signature:-----Date:-----