

KINGSTONE SECONDARY SCHOOL - BUIKWE



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O – LEVEL STUDENT’S ENTRY FORM

1. **Student’s Names:** **DOB:**/...../.....

Address:

Former School:

Co-curricular Activity:

YEAR OF ADMISSION: **TERM:** **CLASS:** **SEX:**

2. **P.L.E Results:**

English

Science

Math

S.S.T

Aggregate

Result

3. **Sponsor’s Names:** **Sex:**

Residence: **Occupation:**

Place of work: **Contact(s):**

Relationship to child:

4. **Father’s Names:** **Contact(s):**

Residence: **Occupation:**

5. **Mother’s Names:** **Contact(s):**

Residence: **Occupation:**

6. **Guardian’s Names:** **Sex:**

Residence: **Occupation:**

Relationship to child:

7. **School section:**

Day section:

Boarding Section:

8. Do you have any physical disability? If yes, have you ever been examined by a physician? If yes, please attach your medical report.

9. **Declaration:**

I..... Declare that to the best of my knowledge that all the above given information is true.

Sign: Date of Application:/...../..... Form fee: **20000**

Admitted on: Reported on: