

# St. Mark's College Namagoma

10 Miles Kampala - Masaka Road, P.O.Box 22888, Kampala.

Telephone: 0775-831844 / 0393-103418. E-mail: info@stmark.sc.ug

## RE: APPLICATION FORM FOR A-LEVEL ADMISSIONS (2020)

### A: STUDENT DETAILS

1. Name of Student .....Sex.....
2. Class to be admitted to..... Day OR Boarding?.....
3. Date of Birth .....Position in family (e.g 1<sup>st</sup> born) .....
4. Nationality .....Religion.....
5. Former School .....
6. **Attach UCE Results.** Subject Combination Desired:.....
7. **Any health problem**.....? If yes please specify.....

### B: PARENTS' / GUARDIANS' DETAILS:

8. Father's.....or Guardian's ..... information: (please tick appropriately)
  - Name: .....
  - Occupation..... Place of work.....
  - Home location .....
  - Telephone(s) .....
  - Email.....
9. Mother's .....or Guardian's .....information: (please tick appropriately)
  - Name: .....
  - Occupation..... Place of work.....
  - Home location .....
  - Telephone(s) .....
  - Email.....
10. Next of kin's information:
  - Name: .....
  - Occupation..... Place of work.....
  - Home location .....
  - Telephone(s) .....
  - Email.....
11. Is the student an Orphan? Yes / No.....
12. If the answer is YES, which parent is deceased? Mother...Father...Both..... (Tick appropriately).
13. If the answer to 10 above is NO, which parent does student stay with? Both parents.....Mother.....Father..... (Tick appropriately).
14. How did you know about St. Mark's College?  
.....
15. Member of staff known to you? Y...N.....Name.....
16. Any current student known to you? Y...N.....Name.....Class.....

Application Date:.....Signature of Applicant:.....

**Official Use:** Admitted / Not Admitted. **Combination given:**.....

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## **Declaration by new Students & Parents:**

I.....(student name) do promise to abide by all the School rules & regulations, and the SCHOOL ROUTINE which I have read and understood.

Student's Signature:..... Date:.....

### **Witnessed by:**

Parent's Name:.....Signature:.....Date:.....