

KEFRAMA HIGH SCHOOL

P.O.BOX 330889, LIRA



Tel: 0772969615, 0772895012

Email: keframacollage@yahoo.ug

Our Ref: KHS/2025/APPL

Your Ref:

Date:

APPLICATION FORM FOR ADMISSION TO 'O' LEVEL

SUR NAME: Receipt No:

OTHER NAMES: EMIS/LIN NO.....

(Use names you registered with UNEB)

Date Of Birth: SEX: RELIGION:

HOME DISTRICT:..... NATIONALITY:.....

CURRENT RESIDENTIAL AREA: VILLAGE:

FATHER'S NAME: OCCUPATION:..... TEL:.....

MOTHER'S NAME: OCCUPATION: TEL:.....

NEXT OF KIN: OCCUPATION:..... TEL:.....

RELATIONSHIP: NIN NUMBER (PARENT).....

FORMER SCHOOL:.....

Passport Photo

PLE GRADES OBTAINED:

YEAR:.....

Index No.....

SUBJECT	AGG	SUBJECT	AGG
English		Mathematics	
Science		Social Studies	

Total Aggregates:.....

Division:

(Attach photocopy of PLE results slip)

CLASS TO WHICH ADMISSION IS SOUGHT:

Any special Talent(s)/ Co- Curricular Activities:

Yes: (If YES, Attach Certificates of Merit) / No:.....

DO YOU HAVE ANY MEDICAL PROBLEMS? (These should be certified by a Medical Doctor).

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

SIGN: (PARENT): **(STUDENT):**

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