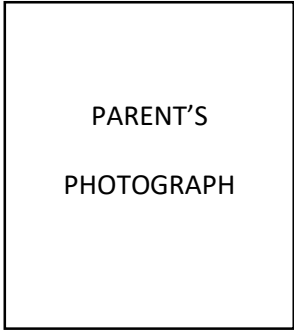


KABALE TRINITY COLLEGE

S.1 VERIFICATION FORM



SURNAME.....OTHER NAMES.....

SEX..... RELIGION.....

DATE OF BIRTH.....AGE.....

FATHER'S NAME.....TEL. NO.....

MOTHER'S NAME.....TEL. NO.....

GUARDIAN'S NAME.....TEL. NO.....

HOME ADDRESS:

VILLAGE (LC1).....PARISH (LCII).....

COUNTY.....DISTRICT.....

PLE RESULTS:

ENG.....MATHS.....SCI.....SST.....

AGGREGATE.....DIVISION.....

FORMER PRIMARY SCHOOL.....

ANY SPECIAL TALENT.....

IN CASE OF EMERGENCY , WHO IS THE NEAREST PERSON TO CONTACT?

NAME.....TEL. NO.....

ARE THERE OTHER CHILDREN FROM YOUR FAMILY IN THIS SCHOOL?

NAME.....CLASS.....

NAME.....CLASS.....

HEALTH STATUS: (IN CASE OF ANY CHRONIC ILLNESS ATTACH MEDICAL FORMS)

.....

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:

NAME OF STUDENT.....SIGNATURE.....DATE.....

NAME OF PARENT..... SIGNATURE.....DATE.....