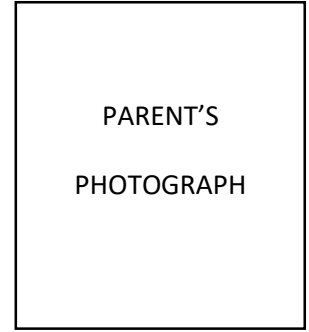


KABALE TRINITY COLLEGE

S.5 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.....

UCE RESULTS : AGGREGATE (BEST 8)DIVISION.....

FORMER SECONDARY 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.....