

LAYIBI HIGH SCHOOL

O&A LEVEL MIXED DAY AND BOARDING SCHOOL
P.O.BOX 430 GULU (UGANDA)



E-Mail: admin@layibihighschool.com
Website: www.layibihighschools.com

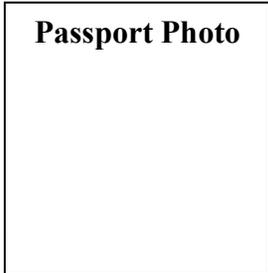
TEL: 0779780455
/0784762862

Our Ref: LHS/ADMN/APPCN
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:.....



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).

.....

I certify 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.