



ST. MICHAEL INTERNATIONAL SECONDARY SCHOOL

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STUDENT'S APPLICATION FORM

STUDENT'S DETAILS

Name Sex

Date of birth Nationality

Home District Village

Former school Grade of Performance

Class of application

Subjects of preference

Health condition (Please attach medical form)

Email address Phone contact

PARENT/GUARDIAN'S DETAILS

Father's/Mother's/Guardian's Name

Email Address Phone Contact

Home District Village

Occupation Place of Work

Relationship with student

REFERRED BY:

Name

Email Address Phone Contact

ADMISSIONS OFFICER

Name.....

Email Address Phone Contact

Date..... Sign