

DARA CHRISTIAN HIGH SCHOOL

www.darachristianschool.org

TEL: 0774383586
0783022000

E-MAIL: info@darachristianschool.org

   Dara Christian High School

Our Ref:

Your Ref:



P.O. BOX 728

LIRA (U) E.AFRICA

Date:

A- LEVEL

APPLICATION FOR ADMISSION IN Senior..... Term Year

To be filled by the applicant and submitted to the Headmaster's office.

1. Surname..... Other name Gender: Male: Female
2. Date of birth..... Religious affiliation.....
3. Home address: Village..... Parish.....Sub-county.....
County.....District.....
4. Mother's Name..... Tel No..... Current Residence.....
Father's Name.....Tel No..... Current Residence.....
Guardian's Name.....Tel No..... Current Residence.....
Nearest relativeTel No Current Residence
5. Primary School for PLE..... Index no..... Year.....
6. Secondary School for U.C.E Index noyear.....
7. Results:

							OPTIONAL SUBJECTS <i>(please indicate)</i>				
ENG	MTC	PHY	GEO	CHE	BIO	HIS					

8. a) If you transferred from another secondary school, state your last school's name and district.
.....Briefly give reasons for your transfer.
.....
b) What were your last grade scores in this school?
9. a) Do you have any sickness that needs special attention?
b) If yes, give details.....
(Non disclosure of sicknesses is an offence under the School Rules and Regulations)
10. Did you have any responsibility in your previous school? State them
.....
11. Your best games/sports/clubs/extracurricular activities in descending order
.....
12. What are your hobbies?
13. **DECLARATION:** I Declare that the information given above is true to the best of my knowledge. **Date:** **Sign:**

OFFICIAL USE ONLY

STUDENT RATING: HIGH ACHIEVER MIDDLE ACHIEVER LOW ACHIEVER

STREAM ALLOCATION: SCIENCE ARTS SUBJECT COMBINATION:

Administered by: NAME: **SIGN**