ENTEBBE ATUWANGUZA MEMORIAL SCHOOL OF NURSING AND MIDWIFERY

P.O. Box 694, Entebbe Wakiso District Uganda, East Africa
Tel: +256 752 990248, +256 702 990248
Email: eatumemorial2016@gmail.com | emmanuelmusasizi@yahoo.com

ADMISSION FORM

Reg. No: _____(For official use only)

A. BACKGROUND

1. Names: _____

Contact: _____

2. Date of Birth: _____/_____/_____ Sex: _____

3. Next of Kin: _____ Contact: _____

4. Nationality: _____ District: _____

Division: _____ Zone: _____

5. Sub County: _____ Village: _____

B. MARITAL STATUS

☐ Married ☐ Single ☐ Student

C. HIGHEST ACADEMIC STANDARD ATTAINED

_____

D. COURSE OF ADMISSION

Course: _____

Date of Admission: _____

☐ Resident ☐ Non - Resident

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E. HEALTH STATUS

_____

If poor, explain:

_____

F. PARENT /GUARDIAN

1. Father Names:

_____

Contact: _____

1. Mother Names:

_____

Contact: _____

1. Guardian Names:

_____

Contact: _____

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