ADMISSION APPLICATION FORM

THOMAS MORE, MACHRINA HIGH SCHOOL

Reg. № S. 1440

Mbezi ~Temboni Kwa Msuguri, Plot № MB/TM/443

P. 0. Box 35162, Tel: 0713 - 518380 / 0712 - 639050 / 0718 - 359383 Dar es Salaam

E-mail: galabawa@vahoo.co.uk *or* galabawa@edu.udsm.ac.tz

PHOTO

S.A.F ……..

PARTICULARS:

SURNAME: …… **PSLE Candidate. №** ……

FIRST NAME:…… MIDDLE NAME:……

DATE OF BIRTH: …… SEX: ……

PLACE OF BIRTH: ……

RELIGION/DENOMINATION: ……

(Attach a photocopy of the Birth certificate)

HOME BACKGROUND:

PARENT'S / GUARDIAN'S NAMES: 1. FATHER'S NAME: ……

2. MOTHER'S NAME……

POSTAL ADDRESS: ……

RESIDENCE:……

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TELEPHONE № 1:…… (Father / Mother / Guardian)

2:…… (Father / Mother / Guardian)

PARENT'S/GUARDIAN'S OCCUPATION: 1: FATHER…… …… ……

2: MOTHER ……

NEXT OF KIN *(Names)* ……TELEPHONE: ……

SCHOOL RECORDS: (Schools previously attended. State them in order).

1: …… …. From 20 ……. to 20 ……

2: …… …. From 20 ……. to 20 ……

3: …… …. From 20 ……. to 20 ……

HEALTH: (Mention special defect(s); e.g. Eye sight, Hearing, Asthma, Heart problems e.t.c). *(Be clear and where possible present medical report)*

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I certify that the information given in this form is correct and hereby undertake to abide by the School rules if admitted.

APPLICANT'S SIGNATURE- …… …… …… DATE: ……

PARENT'S / GUARDIAN'S NAME: …… …… SIGNATURE:……

To be filled in duplicate and applicant to retain copy with a passport size photo