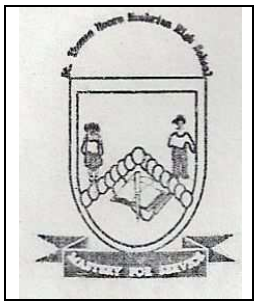

ADMISSION APPLICATION FORM

St. THOMAS MORE, MACHRINA HIGH SCHOOL
Reg. No S. 1440
Mbezi-Temboni Kwa Msuguri, Plot No MB/TM/443
P. O. BOX 35162, Tel: 0713-5183800784-934979/ 0713-772288 Dar es Salaam
E-mail: galabawa@yahoo.co.uk or galabawa@edu.udsm.co.tz

PHOTO

S.A.F 10

0/2010.

PARTICULARS:
SURNAME: ……..REG. No……..
OTHER NAMES:……..SEX:……
DATE OF BIRTH: ……..AGE: ……
RELIGION/DENOMINATION: ……
DISTRICT OF ORIGIN/BIRTH (if Applicable)……
(Attach a photocopy of the Birth certificate)

HOME BACKGROUND:
PARENTS/GUARDIAN'S NAMES: ……..
POSTAL ADDRESS: ……..
TELEPHONE ADDRESS: ……
RESIDENCE: ……
TELEPHONE NO. 1: …….. (Father/Mother/Guardian)
2: …….. (Father/Mother/Guardian)
PARENT'S/GUARDIAN'S OCCUPATION: 1: FATHER……
2: MOTHER……
NUMBER OF BROTHERS: ……SISTERS……..
NEXT OF KIN (names)……TELEPHONE: ……
SCHOOL RECORDS: (Schools previous attended. State them in order)
1: …… From 20…… to 20……
2: …… From 20…… to 20……
****NOTE**: Attach ALL terminal Reports (where applicable) of the Last school attended should be enclosed together with the Head teacher's recommendation.
CONDUCT AT SCHOOL: ……
CLASS TO WHICH ADMISSION IS SOUGHT ……
SPECIAL INTERESTS ……
HEALTH: (Mention special detects e.g. Eye sight, hearing, and Asthma. e.tc). (Be clear and where possible medical report)
……
……

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:……
PARENT'S/ GUARDIAN'S NAME: ……

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