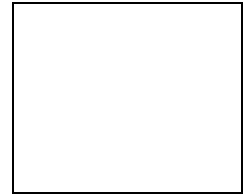




DIOCESE OF IRINGA

ST. DOMINIC SAVIO PRIMARY SCHOOL - NGELEWALA



Picha/Passport

CONTACTS: **0746274765 / 0768309384 / 0715470671**

WEBSITE: www.stdominicsavio.ac.tz

EMAIL: stdominicsavioschools@stdominicsavio.ac.tz

FOMU YA USAJILI (Tafadhali jaza taarifa sahihi na kwa ukamilifu)

APPLICATION FORM FOR ADMISSION

(Please Provide Complete and Accurate Information)

TAARIFA ZA MWANAFUNZI / PUPIL'S INFORMATION

For Official use only

Matumizi ya ofisi tu

ADM DATE: _____

ADM NO: _____

1. JINA (kama lilivyo kwenye cheti cha kuzaliwa)
NAME: (as it appears on the birth certificate)

2. TAREHE YA KUZALIWA / DATE OF BIRTH _____
JINSIA/SEX: ME/MALE _____ KE/FEMALE _____
3. MAHALI ALIPOZALIWA / PLACE OF BIRTH: _____
4. URAIA/NATIONALITY: _____
5. MZIO, ULEMAVU AU TATIZO LA KIAFYA / ALLERGIES, DISABILITY OR
ANY HEALTH PROBLEM

6. DAWA ANAZOTUMIA DAIMA / MEDICINE TAKEN REGULARLY:

7. LUGHA ZITUMIKAZO NYUMBANI / LANGUAGES SPOKEN AT HOME:
 - a. _____
 - b. _____
 - c. _____
8. SHULE ALIZOSOMA, (kama zipo) / PREVIOUS SCHOOL ATTENDED (if any)

9. MAKAZI (kwa mfano mtaa, namba ya nyumba n.k) / PHYSICAL ADDRESS (E.g street,
house number etc)

TAARIFA ZA WAZAZI / PARENT'S INFORMATION

Jina kamili la baba / Father's Full Name: _____
Uraia / Nationality: _____
Kazi / Occupation: _____
Anuani ya posta / Postal Address: _____
Namba ya simu / Telephone number: _____
Nukushi / Fax: _____
Barua Pepe / Email: _____

Jina kamili la mama / Mother's Full Name: _____
Uraia / Nationality: _____
Kazi / Occupation: _____
Anuani ya Posta / Postal Address: _____
Namba ya Simu / Telephone Number: _____
Nukushi / Fax: _____
Barua Pepe / Email: _____
Namba ya simu ya dharura / Emergency Phone Number: _____

10. TAARIFA ZA MLEZI AU MFADHILI / GUARDIAN OR SPONSOR'S INFORMATION

Jina Kamili / Full Name: _____
Uraia / Nationality: _____
Makazi, Mtaa / Physical Address: _____
Anuani ya Posta / Postal Address: _____
Namba ya Simu / Telephone Number: _____
Nukushi / Fax: _____
Barua Pepe / Email: _____

11. MAHITAJI (NAKALA YA) / REQUIREMENTS (COPIES OF)

- Cheti cha kuazaliwa / birth certificate
- Kadi ya kliniki / clinic card
- Picha 3 ndogo / 3 passport size photos
- Barua ya uhamisho au kadi ya maendeleo / transfer letter / card (if applicable)

ADMISSION FORM

- **PAY THROUGH CRDB BANK ACCOUNT NUMBER 0150073596700**
COST TSH. 10,000/=

TAFADHALI TUJULISHE UNAPOBADILI MAKAZI AU SIMU (NI MUHIMU TUWE NA SIMU YAKO INAYOFANYA KAZI WAKATI WOWOTE)
PLEASE INFORM US ON CHANGE OF ADDRESS OR TELEPHONE NUMBERS (IT IS IMPORTANT TO HAVE THE PHONE NUMBERS THAT IS CURRENT AVAILABLE ALL TIMES)