



# DORIS ENGLISH MEDIUM SCHOOLS

## DAY CARE, NURSERY AND PRIMARY

P.O.BOX 45458 MTONI - KIJICHI, DAR - ES - SALAAM. MOB : 0677 - 073103 / 0757 - 082528 / 0689 - 322991  
REGISTRATION NUMBERS : DAY CARE - 2722, NURSERY - EMA. 14775, PRIMARY - EM. 14775

### APPLICATION AND ADMISSION FORM 2024

PICHA  
(2)

#### A: PUPIL'S INFORMATION. / TAARIFA ZA MWANAFUNZI

FORM NO. \_\_\_\_\_

FIRST NAME / JINA LA KWANZA		MIDDLE NAME/JINA LA KATI	LAST NAME / JINA LA MWISHO
DATE OF BIRTH / TAREHE YA KUZALIWA [ DATE, MONTH, YEAR ]		AGE AT ENTRY MWAKA WA KUINGIA	SEX JINSI <input type="checkbox"/> MALE/KIUME <input type="checkbox"/> FEMALE/KIKE
APPLYING FOR CLASS MAOMBI KWA DARASA		ACADEMIC TERM OR YEAR / MUHULA /MWAKA	
RELIGION (DINI)	RELIGIOUS (DHEHEBU)	NATIONALITY UTAIFA	ADMISSION NUMBER NAMBA YA KUANDIKISHWA

#### B: FAMILY INFORMATION/ TAARIFA ZA FAMILIA

PARTICULARS/ TAARIFA MAALUM	FATHER/GUARDIAN Baba / Mlezi	MOTHER/GUARDIAN Mama / Mlezi
NAMES/ MAJINA		
Home Address /Anuani ya Nyumbani		
Home Phone / Simu ya nyumbani		
Cell Phone / Simu ya mkononi		
Mtaa rasmi unapoishi		
Occupation / Kazi		

#### C: RESIDENTIAL INFORMATION / TAARIFA ZA MAKAZI

NAME OF STREET/VILLAGE JINA LA MTAI / KIJICHI	DISTRICT WILAYA	JE, ATATUMIA USAFIRI WA SHULE?		KITUO ATAKACHOPANDA NA KUSHUKA
		NDIYO	HAPANA	

#### D: ADMISSION AGREEMENT / MAKUBALIANO

I/ we, parents/guardians of the above mentioned pupil, do hereby agree to admit our child at your school. I/we will abide by the rules and regulations set-forth by DORIS NURSERY AND PRIMARY SCHOOL. Mimi/Sisi Mzazi / Wazazi, Mlezi / Walezi wa mwanafunzi mtajwa hapo juu tunakubali kumwandikisha mtoto tutatii na kufuata sheria na taratibu za shule ya awali na msingi Doris.

Signature / Saini

\_\_\_\_\_  
Parent /Guardian/Mzazi/Mlezi

\_\_\_\_\_  
Date/Tarehe

**E: NECESSARY DOCUMENTS / VITU VYA LAZIMA**

- FOMU IRUDISHWE KABLA YA SIKU YA (INTERVIEW)
- AMBATISHA PICHA NDOGO MBILI (PASSPORT SIZE)
- NAKALA YA CHETI CHA KUZALIWA (BIRTH CERTIFICATE)
- FOMU YA UHAMISHO (TRANSFER FORM) KWA WANAOHAMIA (ii – vi)
- UHAMISHO UKAMILIKE KABLA / SIKU YA USAILI

**F: FORMER SCHOOL DETAILS / TAARIFA ZA SHULE ALIYOTOKA**

YEAR MWAKA	SCHOOL ATTENDED SHULE ALIYOTOKA	HIGHEST LEVEL DARASA LA JUU	REASON FOR LEAVING SABABU YA KUHAMAMA

**G: MEDICAL HISTORY/ TAARIFA ZA KIAFYA**

1. Does your child have any other medical condition? Yes/ No  
(Mtoto ana tatizo lolote la kiafya?) Ndiyo/Hapana

If yes please give details \_\_\_\_\_

(kama ndiyo fafaua) \_\_\_\_\_

**NOTE:** Please attach medical certificate of evidence of your children sickness  
(Tafadhali ambatisha nakala ya cheti cha daktari)

**H: FOR OFFICE USE ONLY****INTERVIEW RESULTS**

S/N	SUBJECT(S)	MARKS	GRADE	REMARKS
1.				
2.				
3.				
4.				
	TOTAL			
	AVERAGE			

ACADEMIC REMARKS \_\_\_\_\_

H/TEACHER'S REMARKS \_\_\_\_\_

**CONGRATULATIONS FOR MAKING THE RIGHT CHOICE  
SCHOOL MANAGEMENT**