



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 2025

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 UMRI	SEX JINSI
		<input type="checkbox"/> MALE/KIUME <input type="checkbox"/> FEMALE/KIKE	
APPLYING FOR CLASS DARASA ANALOOMBA		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 MTA A / KIJICHI	DISTRICT WILAYA	JE, ATATUMIA USAFIRI WA SHULE?		KITUO ATAKACHOPANDA NA KUSHUKA
		NDIYO	HAPANA	

D: DECLARATION / MAKUBALIANO

I _____ a parent/guardian 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 _____ Mzazi / Mlezi 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 / NYARAKA ZA LAZIMA

1. FOMU YA MAOMBI IRUDISHWE KABLA YA SIKU YA USAILI (INTERVIEW) IKIWA NA PICHA NDOGO MBILI (PASSPORT SIZE) NA NAKALA YA CHETI CHA KUZALIWA (BIRTH CERTIFICATE).
2. UHAMISHO (TRANSFER FORM) UKAMILIKE MARA TU BAADA YA KUPATA NAFASI KWA WANAOHAMIA DARASA LA II – VI.

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 fafania) _____

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**