



SHREE HINDU MANDAL NURSERY SCHOOL

P.O.BOX 20331, DAR ES SALAAM TEL: 2115356/7

EMAIL: nurseryhead@edu.shm.or.tz

APPLICATION FORM – 2022

FORM NO ___

PASTE

PHOTOGRAPH

HERE

Name:

(First name)

(Middle name)

(Surname)

Date of birth: (day/month/year)

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Gender : (please tick) Male

Female

Religion:

Nationality:

Last school attended:

Parent's/ Guardian's details:

Father's name in full:

Occupation:

Place of work:

Telephone(off):

Mobile no:

Mother's name in full:

Occupation:

Place of work:

Telephone (off):

Mobile no:

Guardian's name in full (if applicable):

Occupation:

Place of work:

Telephone(off):

Mobile no:

RESIDENTIAL ADDRESS:

Flat no/ Plot no:

Street name:

Area:

Telephone (Res):

Designated Email address for school related information:

Designated single point of contact (WhatsApp) for school related information:

FOR OFFICIAL USE:

TODD

LKG

MKG

UKG

Date

Parent's/ Guardian' signature.

DIRECT POINT OF CONTACT: this contact number will be used as single point of contact for all important issues concerning the child, including emergencies.

NAME: _____ **SIGNATURE:** _____

PHONE NUMBER: _____

MEDICAL INFORMATION: please mention if the child is facing any health problems e.g. asthma, allergies...
Or any other medical information that we may need to know e.g. hospitalization.

Contact in case of medical emergency:

Name: _____ Contact no: _____

- ❖ Each application should be accompanied by the following documents (photocopies and originals for verification)
 1. Birth certificate
 2. Clinic card
 3. Two colored passport size photographs.

- ❖ The attached admission form must be submitted to the Secretary at Shree Hindu Mandal Nursery School **latest by** _____

- ❖ **Registration fees and School fees once paid are non-refundable.**

- ❖ At the time of submission of the form, please collect the date and time for the Observation day.

FOR OFFICE USE ONLY:

Admission no	
Date of admission	
Approved by	
Signature	