



SHREE HINDU MANDAL
SCHOOLS

SHREE HINDU MANDAL PRIMARY SCHOOL

P.O.BOX 20331, DAR ES SALAAM TEL: 2772772/0782242355

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PASTE
PHOTOGRAPH
HERE

APPLICATION FORM – 2024

FORM NO. _____

Name

First Name	Middle Name	Surname Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth: (day/month/year)

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

How did you hear about
our school?

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GRADE

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

Phone Number:

Each application should be accompanied by the following documents (photocopies and originals for verification)

1. Birth certificate.
2. Previous school leaving certificate.
3. Two colored passport size photographs.
4. Transfer certificate (if applicable)
5. Copy of National ID of one parent.

The attached admission form must be submitted to the School Secretary 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 entrance test

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Admission no

Date of admission

Approved by

Signature