



SHREE HINDU MANDAL  
SCHOOLS

# SHREE HINDU MANDAL NURSERY SCHOOL

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

EMAIL: [nurseryhead@edu.shm.or.tz](mailto:nurseryhead@edu.shm.or.tz)

PASTE  
PHOTOGRAPH  
HERE

## APPLICATION FORM – 2025

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

### Name

First Name

Middle Name

Surname Name

Date of birth: (day/month/year)

Male Female

Gender : (Please Tick)

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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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

Phone Number:

**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 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**