



# SHREE HINDU MANDAL SECONDARY SCHOOL

P.O.BOX 20331, DAR ES SALAAM TEL: 0739200379

EMAIL: : secondaryhead@edu.shm.or.tz

PASTE  
PHOTOGRAPH  
HERE

SHREE HINDU MANDAL  
SCHOOLS

## APPLICATION FORM - 2024

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

### Name

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

### Date of birth: (day/month/year)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### Gender : (Please Tick)

Male Female

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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?

FOR OFFICIAL USE

FORM

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
<input type="text"/>	<input type="text"/>
Phone Number:	Relation
<input type="text"/>	<input type="text"/>

**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

<hr/> <hr/> <hr/>
-------------------

**Contact in case of medical emergency:**

Name	Phone Number:
<input type="text"/>	<input type="text"/>

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

1. Birth certificate.
2. Previous school Bonafide certificate and school leaving certificate
3. Statement of Marks of Std 7 (first term)
4. Two colored passport size photographs.
5. Transfer certificate (if applicable)
6. TSM 9 form (if applicable)

**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

**FOR OFFICIAL USE**

<b>Admission no</b>	<b>Date of admission</b>	<b>Approved by</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Signature</b>		
<input type="text"/>		