

MALAMBA KWETU PRE AND PRIMARY SCHOOLS

P.O.BOX 11778 Dar es salaam Tanzania

Mobile. +255782139588/+255717863517

Email: info@mkschools.com

APPLICATION FORM

Admission request for _____ Class _____

We _____ and _____

Wish to admit our son/daughter whose particulars as

Day scholar _____ Boarding scholar _____

A: INFORMATION OF THE STUDENT

First name: _____ middle name: _____ sir name: _____

Gender: _____ Date of birth: _____ Nationality: _____

Residential address and correspondence address

Father/Guardian	Mother/Guardian
Mobile number: _____	Mobile number: _____

Place of residence _____ ward _____ district _____

B: MEDICAL HISTORY

Any medical problems (please explain) _____

C: DECLARATION

I _____ have the authority to admit my child as parent/guardian I declare that the information provided in this application is correct to my knowledge and if otherwise I shall abide with the decision of the school, I agree to abide with the rules and fee structure of the school

Date _____ parent/guardian signature _____

Admission coordinator signature _____ head of the school signature _____