



MARY MOTHER OF MERCY PRE & PRIMARY SCHOOL

MJIMPYA RELINI, P. O. BOX 12986, DAR ES SALAAM,

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DS.01/7/EA1.127 & DS.01/7/127

APPLICATION FORM

Application No:

Class to be joined

A. Student's Information (Jina Kamili Kwa herufi kubwa)

1. Name: Middle name:

Surname: Sex:

Date of Birth: Place of Birth:

2. Nationality: Tribe:

3. Religion: Denomination:

4. Name of the school attended before: Class:

B. Parent's Information

a. Father: Occupation:

Place of work: Phone No :

b. Mother: Occupation:

Place of work: Phone No :

c. Guardians: Occupation:

Place of work: Phone No:

C. Postal Addresses: Box No: Place:

Signature of the parent/guardian:

Contact Persons

Parent

Guardian

----- FOR OFFICIAL USE ONLY -----

ADMITTED/NOT ADMITTED

Signature of Head Master/ Mistress

Signature of Academic Master/ Mistress