



# ST. MATTHEW'S SECONDARY SCHOOL

"We are for Education Standards"

P. O. Box 75451 Dar Es Salaam I Mob. 0754 698 845

Website: www.stmatthews.ac.tz I Email: administration@stmatthews.ac.tz

Registration No. S.932

Class:

Passport Size  
Photo

Form No:

## ADMISSION FORM

### PARTICULARS OF STUDENT

NAME OF STUDENT	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
DATE OF BIRTH (D-M-Y)	
PLACE OF BIRTH	
NATIONALITY	RELIGION:

### ADMISSION INFORMATION

ADMISSION IN CLASS	
ADMISSION DATE	
COMBINATION(S)(A-Level)	
BOARDING	

### LAST SCHOOL ATTENDED

NAME OF SCHOOL	
DATE OF DISCHARGE	CLASS:

### PARTICULARS OF PARENTS/GUARDIAN

FATHER'S NAME	MOBILE:
MOTHER'S NAME	MOBILE:
GUARDIAN'S NAME	MOBILE:
GUARDIAN RELATIONSHIP	

### PLACE OF RESIDENCE

REGION	
DISTRICT	
STREET	HOUSE NO:

### UNDERTAKING

I agree that the above information is correct to the best of my knowledge.

- I hereby undertake that I will not claim to make changes in the above information at any stage and the same shall be used in all future entries in the School as well as in the record abroad.
- I undertake that my son/daughter will obey the rules and regulations of the School.
- Any false information will be liable to the cancelation of my child's admission.

DATED: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

# FOR OFFICIAL USE ONLY

## ADMISSION OFFICE

- Date of Birth of Student ■ .....
- Age of Student ■ .....
- Assessment of age of student

Over Age		Normal Age		Under Age	
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### Requirements:

Previous Education Certificate(s)		Transfer Letter		National Examination Results(s)		Bursar Clearance	
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Student is referred for test / interview and admission in Class:

To: ..... By: .....  
Dated: ..... Signature: .....

## ADMISSION TEST/INTERVIEW REPORT

Score: .....

Remarks : .....

Dated: ..... Signature: .....

Name of In Charge: .....

## SENIOR ACADEMIC OFFICE

Recommended/NOT Recommended for admission in Class: ..... Stream: .....

Dated: ..... Signature: .....

Name of Senior Academic: .....

## HEAD OF SCHOOL

ADMISSION APPROVED/NOT APPROVED: .....

Class: ..... Stream: .....

Dated: ..... Signature: .....

Office Stamp:

### Documents to be attached

1. Copy of Valid Previous Education Certificate
2. Copy of Valid Birth Certificate
3. Copy of a Valid Application Form fee receipt