

GOOD SAMARITAN ENGLISH MEDIUM SCHOOL
PRIMARY SECTION P.O. BOX 20664, Dar Es salaam
Email: gsems.seifigroup@gmail.com
Tel: 0656200241 - Tanzania



APPLICATION FOR ADMISSION

PERSONAL DATA – STUDENT

First Name _____
Second Name _____
Family Name _____
Date of Birth _____ Place _____
Tribe _____ Nationality _____
Level of English Language (Good/Average/Below/NA) _____
Previous school which student may have attended _____
School Term in which student wishes to commence _____
Expected class _____
Does your child have any learning disability? _____
If yes, explain _____

Does your child have any chronic disease? _____

If YES provide information. _____

PERSONAL DATA – FAMILY.

Father's Full Name: _____
Profession _____ Tel.No. _____
Residential Address _____
Mother's Full Name: _____
Profession _____ Tel.No. _____
Residential Address _____
Guardian's Full Name _____
Profession _____ Tel. No. _____
Residential Address _____
Child's Residential Address _____
Emergency contact include Names _____

Signature (Father) _____ Date: _____

Signature (Mother) _____ Date: _____

FOR OFFICIAL USE:

Reg. Date: _____ Receipt _____ Admission No. _____