

P.O. Box 77010,  
Dar es Salaam, Tanzania  
Registration No. S.3524  
Center NO. S. 2693



**CONTACTS**  
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Located at Mwandege Village near Mwandege Primary School, along Kilwa Road.

## STUDENT APPLICATION/REGISTRATION FORM

REGISTRATION NUMBER: \_\_\_\_\_

- This form is available after paying Tshs. 20,000/- which is non-refundable.

**Photograph**  
**(Passport Size)**

- Interviews will be conducted on 26<sup>th</sup> October 2019, starting at 8:00 am. Interviews will be conducted at MWANDEGE BOYS' SECONDARY SCHOOL.
- Please read carefully this form and fill it accordingly. The duly filled form should be returned to The Chief Facilitator through the above given address before the interview date.

1. Student's Full Name (Block Letters):

\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Place of Birth:

\_\_\_\_\_

3. Nationality: \_\_\_\_\_ Religion:

\_\_\_\_\_

4. Present Residence:

\_\_\_\_\_

5. Contact: Physical Address:

\_\_\_\_\_

\_\_\_\_\_

**“Learn and Serve” is Our Motto.**

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

6. Name and address of the school last attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Class/Grade: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

*(To be filled by the Head teacher/ Headmistress/ Principal)*

## 1. ACADEMIC PROGRESS

Please assess and tick as appropriate the applicant's suitability for the future carrier.  
(Academic endeavor)

|           |   |                          |
|-----------|---|--------------------------|
| Very Good | A | <input type="checkbox"/> |
| Good      | B | <input type="checkbox"/> |
| Average   | C | <input type="checkbox"/> |
| Weak      | D | <input type="checkbox"/> |
| Fail      | F | <input type="checkbox"/> |

## 2. CHARACTER ASSESSMENT

How do you judge the applicant's?

(a) Sociability \_\_\_\_\_

(b) Punctuality \_\_\_\_\_

(c) General behaviour \_\_\_\_\_

(d) Any additional comments; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 3. CONFIRMATION

I, \_\_\_\_\_ the Head  
teacher/Headmistress/Principal of the above named student, agree and confirm the  
results and character assessment as indicated.

Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Parent's / Guardian's details.

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_