



SOUTHERN HIGHLANDS SCHOOL
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APPLICATION FORM

1. Child's Name: _____ Class/Standard: _____ Gender: Male Female
2. Father's Name: _____ Mobile: _____ Email: _____
3. Father's Occupation: _____
4. Mother's Name: _____ Mobile: _____ Email: _____
5. Mother's Occupation: _____
6. Guardian's Name: _____ Guardian's Mobile: _____

7. PARTICULARS OF THE CHILD

- 7.1. Date of Birth: _____ Age (in years): _____ Nationality: _____
- 7.2. Religion: _____ Denomination: _____
- 7.3. Place of Residence: _____ With Whom Residing?: _____
- 7.4. Address: _____
- 7.5. Language(s) Spoken: _____
- 7.6. Physical Conditions [Select One]: Able Disabled
 If Disabled please explain: _____
- 7.7. Mental Aptitude: [Select One]: Very Good Good Fair Poor Other
- 7.8. Social Aptitude: [Select One]: Friendly Shy Quiet Outspoken Aggressive Other
- 7.9. Health Conditions: [Select One]: Good Fair Weak
- 7.10. Please explain other issues: _____
- 7.11. Bring a copy of the Birth Certificate.

8. PARTICULARS OF A PERSON RESPONSIBLE FOR THE CHILD'S FINANCES

- 8.1. Full Name: _____
- 8.2. Address: _____
- 8.3. Contact Information: Home Tel: _____ Mobile: _____
 Office: _____ Fax: _____ Email: _____
- 8.4. How are you related to the child? _____

9. **HOW DID YOU KNOW ABOUT THE SCHOOL?** Media Friends Pupils Parents Other

CONFIRM THAT I SHALL PAY SCHOOL FEES AND OTHER CHARGES AS WELL AS RESPONSIBLY FULFILL ALL OTHER CONDITIONS.

Signature: _____ Full Name: _____ Date: _____