FORM NO .....

SIGI FOUNDATION ENGLISH MEDIUM PRE &PRIMARY SCHOOL

P.O.BOX 8955 MOSHI
TELEPHONE NO: 0757055548 /0655104919
EMAIL: sigifeed381@gmail.com
REG NO: EM.20878

Recent Passport

ADMISSION FORM

Admission Number / Namba ya kujiunga

Date / Tarehe .....

Entry Level Nursery Primary

Personal – Data Student /Taarifa za mwanafunzi

Last Name (family name) Jina la Ukoo

First name / Jina la kwanza

Other Name / Jina la kati

Birth –Date /Tarehe ya kuzaliwa

Gender Male Female

Residential Address: / Anuani ya makazi .....Street /Mtaa .....

Ward /Kata ..... Telephone /Simu .....

Emergency Contact / Mawasiliano kwa dharura

Name / Jina ……

Relationship with student / Uhusiano na mwanafunzi ……

Mobile Phone / Simu ya Mkononi ……

Home /Work Telephone /Simu ya nyumbani /kazini ……..

Home address / Anuani ya nyumbani ……

Personal Data – Parents / Guardian /Taarifa za Mzazi /Mlezi

Surname / Jina la ukoo……

First Name (s) Jina la kwanza ……

Occupation /Kazi ……

Work Address /Anuani ya kazini……

Email Address /Barua pepe ……

Health condition /Hali ya kiafya

Does your child suffer from any of the following?

Je mtoto wako anaumwa na mojawapo ya magonjwa yafuatayo?

- ☐ Asthma / Asma
- ☐ Hearing Impairment /Matatizo ya kusikia
- ☐ Visual Impairment / Matatizo ya kuona
- ☐ Diabetes /Kisukari
- ☐ Epilepsy /Kifafa

- Known allergies /Je ana aleji inayofahamika? Please provide details. Tafadhali toa maelezo ……
- Does your child have any other medical, physical or psychological conditions about which the school should be aware? Je mtoto wako anatatizo jingine lolote ambalo shule inahitaji kulifahamu?

  If yes, please provide details. kama ndiyo tafadhali toa maelezo

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  Medication / Matibabu

  Does your child take any regular medication?. Je mtoto wako anapata matibabu yeyote ya mara kwa mara?

  If yes, please provide details. Kama ndiyo tafadhali toa maelezo

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