



GREENLIGHT GIRLS' SECONDARY SCHOOL

P.O BOX 16493, Dar es salaam, Tanzania, Madale Mivumoni Kwa Mwenda:
Off Bagamoyo Rd, Tegeta Kibaoni, Wazo Hill

Mobile: 0713-420022, 0658-246737, 0765-010655, 0759-515121

E-Mail: info@greenlight.ac.tz

Website: www.greenlight.ac.tz

PHOTO

APPLICATION FORM:

A) Student's name Particulars:

Name of studentClass

Date of birth..... Month Year

Nationality

ReligionPlace of Residence

Your Home District

B) Father's Particulars:

Father name: Occupation

Place of residence place of work

Tel; E- Mail/ Fax

Address

C) Mother's Particulars

Mother's name Occupation

Place of residence Place of work

Tel: No E-mail/fax

Address

D) Guardian's Particulars:

Guardian's name Occupation
Place of residence Place of work
Tel: No E-mail/fax
Address

- E) Do your Mum and Dad stay together? Yes/ No
- F) Are your parents alive? Yes/ No
- G) Number of brothers Number of sister
- H) Name of staff at Greenlight who knows your parent or your home
- I) Name of student at Greenlight who knows your parent or your home
- J) Do you have any special health problem? Please specify if any
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K) Student's past records

Primary school where you attended your studies
Your primary index number
Your primary Results: English Math
Science Kiswahili Social studies Mean
grade

- L) Responsibilities held in your former school:
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- M) Your future career
- N) Your hobbies
- O) (a) At school
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.....
- P) (b) At Home

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I /we
Parent ofdeclare that the
information given above is true and /to the best of my/our knowledge
Parent's / Guardian's signature Date
Student's Signature Date

FOR OFFICIAL USE ONLY

INTERVIEW RESULTS

MATHS ENGLISH SCIENCE
GRADE

Date of Admission Admission Number
Date of Reporting: House
Class & Stream:
Admitting officer Signature

This form must be fully filled and returned to the admission office before you settle in class for studies.

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IDD S. MIPATA
HEADMASTER
0759515121