



GREENLIGHT GIRLS' SECONDARY SCHOOL

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

Mobile: 0658-246737, 0672-444572, 0787-729797, 0713-420022

E-Mail: Greenlightsc2011@gmail.com

Website: Greenlight.sc.tz

APPLICATION FORM:

PHOTO

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
.....
.....
.....

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:
.....

M) Your future career

N) Your hobbies

O) (a) At school
.....
.....

.....
.....

P) (b) At Home

.....
.....
.....
.....

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.

.....

**VERYNICE JAVAN
HEADMISTRESS**