



GREENLIGHT GIRLS HIGH SCHOOL

P. O. Box 16493, Dar es salaam –MadaleMivumoniKwaMwenda: off Bagamoyo road TegetaMOBILE:+255-713-486761, +255-753751 645, +255-713-420022,+255-686-823351
Email: info@greenlight.sc.tz
Website: www.greenlight.sc.tz

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

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

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.

.....
I.S . MIPATA
HEADMASTER
0713 486761