

DIOCESE OF CENTRAL TANGANYIKA

DCT - MVUMI SECONDARY SCHOOL

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www.dct mvumi.sc.tz

P.O. BOX 62, Mvumi,

Dodoma, Tanzania.

Phone: 0714-772095 / 0717-243199/ 0717 - 245451

**APPLICATION FOR ADMISSION TO FORM V
2018/2019**



1. Student's Full Name:.....
Name to be used at School:.....
2. Male /Female:..... 3. Date of Birth:.....
4. Country of Birth:..... 5. Citizen of:.....
6. Religion:.....

Exam Centre No.	School	Date joined	Date left	Completed Form

8. Medical History: Please note any serious illness which the school should know about in advance:
.....
.....
.....

9. Parents/Guardians:

Father/Guardian:

Mother/Guardian:

- | | |
|-------------------------|-------|
| Name:..... | ..... |
| Address:..... | ..... |
| Occupation:..... | ..... |
| Country of Birth:..... | ..... |
| Citizen:..... | ..... |
| Religion:..... | ..... |
| Language Spoken:..... | ..... |
| Telephone: Office:..... | ..... |
| Mobile/ Home:..... | ..... |
| Email Address:..... | ..... |

10. **Emergency contact (in case of Sickness / Injury or other urgent matters)**

Name:
Telephone: Office:
Home:
Mobile:

11. **COMBINATION**

I would like to study (Circle your choice)

i.e You can choose more than one combination but not more than 3 choices.

Circle Your Choice then indicate your Preference, eg ECA -1, HGL 2 , CBG-3

ECA EGM PCM PCB HGE CBG HGL , HKL, HGK,

12. **DECLARATION**

Name:
Signature:
Date:

This form must be received by the school before May this year.

13. **ACCOMODATION :**

BOARDING

DAY

(PUT A TICK ACCODINGLY)

FOR OFFICE USE ONLY

Receipt Number:

Form collected / sent on:

Return date / Deadline:

Form IV results:

Recommendations:

Accepted: YES / NO

Admission Number:

Starting Date:

Waiting List: