ALPHA GIRLS' HIGH SCHOOL

TRANSFER APPLICATION FORM

Attach recent passport size photo here

P. O. Box 35136, Dar es Salaam, Tanzania. Kunduchi, Seamic Road.
Head of School: 0755 848 142/0734 063 653 Administration: 0734 036 704 Academic Office 0719376409
Manager: 0734036010, 0784848686, 0653312438
Website: www.alphaschools.co.tz E-mail: alphaschoolsdsm@alphaschools.co.tz

For office use Serial number _____ Receipt No _____

Entry Class: Form	Bias/Combination	Year

PART A: PARTICULARS OF THE STUDENT

1. Student's Name: First Name	Middle Name	Family Name

2. Date of Birth	Gender

3. Place of Birth	District	Region

4. Nationality

5. Place of Residence	District	Region

6. Postal Address	Email

7. Religion	Denomination/ Sect

8. Name of Father/Guardian

Occupation	Place of Work	Tel

9. Name of Mother/Guardian

Occupation	Place of Work	Tel

PART B: PARTICULARS OF PREVIOUS SCHOOL

1. Student's Name: First Name	Middle Name	Family Name

2. Student's PSLE/FTNA/CSEE number

3. PREM NUMBER

4. Previous school name

5. Previous school contact

6. Previous School Location	District	Region

PART C: IMPORTANT INFORMATION

1. Return this form duly filled together with the following items:
   i) Copy of birth certificate
   ii) Two recent passport size of the child
   iii) Result slip (For A-Level)
2. Entrance examination subjects will be ALL SUBJECTS TAKEN IN CLASS OF ADMISSION.
3. Date of interview will be on _____ from 08:00am at Alpha Girls High School, KUNDUCHI

PART D: PARENT'S/ GUARDIAN'S DECLARATION

I declare that the above information is true and correct. I understand that any false information traced at any time, including during the pupil's stay at school, could result in the immediate removal of the pupil from school.

Signature: _____ Relationship: _____ Date: _____