

STUDENTS' MEDICAL DETAILS

Student's Full Name:Age

Residence

Physician Name

Please examine the above mentioned student as to his/her physical and mental fitness for a full time school course. The examination should include categories:

(a) Venereal diseases

(b) Leprosy

(c) Epilepsy.....

(d) Vision

(e) Hearing

(f) Diabetic

(g) Sickle Cell.....

(h) Tuberculosis (TB).....

(i) Neuroses

(j) Physical disability

(k) Pregnancy Test (For girls only)

(l) Other congenital diseases

(m) Chronic diseases

(N) Other serious diseases.....

.....

Hospital..... Designation

Signature

Date

Official Stamp



SAVANNAH PLAINS HIGH SCHOOL

P.O. BOX 56 SHINYANGA, TANZANIA

Tel: +255 742 555 550 / +255743919187

www.savannahplains.ac.tz / info@savannahplains.ac.tz

Affix a recent
passport size
photo here

ADVANCED LEVEL STUDENTS' APPLICATION FORM

APPLICATION FOR ADMISSION

Please fill in all items. Type or print in block letter. If you need assistance please do not hesitate to contact us.

Applying to form :

School Year.....

Application Date :

STUDENTS' DETAILS

Surname		Forename(s)	
Name on Birth Certificate (If different from above)			
Date of Birth:		Nationality	
Town and country of birth			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
First Language		Religion	
Siblings attending SPHS		1.	
		2.	
		3.	
		4.	

PARENT /GUARDIANS' DETAILS

Fathers' Name			<i>Affix a recent passport size photo here</i>
Nationality			
Address			
Home Tel:		Work Tel:	
Mobile:		Email:	
Employer			
Work Address			
Mothers' Name			<i>Affix a recent passport size photo here</i>
Nationality			
Address			
Home Tel:		Work Tel:	
Mobile:		Email:	
Employer			
Work Address			

EMERGENCY CONTACT (NOT PARENT OR GUARDIAN)

Name			<i>Affix a recent passport size photo here</i>
Relationship to the student			
Physical Address			
Home Tel:		Work Tel:	
Mobile:		Email:	

Note:

:"It's only the above person besides parents/guardian that shall be allowed to pick, return and visit the student and not otherwise"

ACADEMIC PROGRESSIVE REPORT

Name and address of last school attended

School	Location	Year last attended	Grade attained

Attach copy of CSEE results Slip/Certificate (Compulsory)

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Name: Signature:

NB: Bring with you photocopies of birth certificate on admission.

Note:

1. The form must be duly filled and submitted to school physically or through email address: **info@savannahplains.ac.tz**. Attach a copy of pay-in-slip for application fee amounting to Tshs. 20,000/=
2. The payments should be made through Account name: **SAVANNAH PLAINS Account Number: 01J1059066900 CRDB BANK**
3. No form will be considered and processed if not attached with pay-in-slip.
4. Application forms must be returned on or before
5. Interview dates and place.

(a) Savannah Plains High School

(b) Agent Offices

Agent Name	Location	Date	Tel No.
.....

STUDENTS' MEDICAL DETAILS

Student's Full Name: Age

Residence

Physician Name.....

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Signature Date

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ORDINARY LEVEL STUDENTS' APPLICATION FORM

APPLICATION FOR ADMISSION

Please fill in all items. Type or print in block letter. If you need assistance please do not hesitate to contact us.

Applying to form : School Year.....

Application Date :

STUDENTS' DETAILS

Surname		Forename(s)	
Name on Birth Certificate <i>(If different from above)</i>			
Date of Birth:		Nationality	
Town and country of birth			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
First Language		Religion	
Siblings attending SPHS		1.	
		2.	
		3.	
		4.	

PARENT /GUARDIANS' DETAILS

Fathers' Name				<i>Affix a recent passport size photo here</i>
Nationality				
Address				
Home Tel:		Work Tel:		
Mobile:		Email:		
Employer				
Work Address				<i>Affix a recent passport size photo here</i>
Mothers' Name				
Nationality				
Address				
Home Tel:		Work Tel:		
Mobile:		Email:		
Employer				
Work Address				

EMERGENCY CONTACT (NOT PARENT OR GUARDIAN)

Name				<i>Affix a recent passport size photo here</i>
Relationship to the student				
Physical Address				
Home Tel:		Work Tel:		
Mobile:		Email:		
Employer				

Note:

:"It's only the above person besides parents/guardian that shall be allowed to pick, return and visit the student and not otherwise"

ACADEMIC PROGRESSIVE REPORT

Name and address of last school attended

Year	Class	Subject Attainment					Total
		Mathematics	English	Science	Geography	History	
20....							
20....							
20....							

"To be filled by the Head teacher of your Primary or Secondary School"

Head teachers' recommendations:

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Name: Signature:Stamp.

NB: Bring with you photocopies of birth certificate on admission.

Note:

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(a) Savannah Plains High School

(b) Agent Offices

Agent Name	Location	Date	Tel No.
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