



FOUNTAIN OF JOY NURSERY & PRIMARY SCHOOL

P.O. Box 77622

Dar es Salaam – Tanzania

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Mbezi Louis (along Konoike road) email:fountain-of-joy@outlook.com

BOARDERS' ADMISSION FORM

PART A: PUPIL'S PARTICULARS

1. Pupils name: Surname _____ Middle name _____ Other _____
2. Gender : Girl Boy
3. Class admitted into _____ Stream _____ Date _____ Month _____ Year _____
4. Dormitory: _____
5. Date of Birth: _____ Month _____ Year _____
6. Weight : _____ Age: _____ Nationality: _____
7. Country of birth: _____
8. Religion: Christian Muslim Others

PART B: PARENTS / GUARDIANS / SPONSOR'S PARTICULARS

1. Surname : _____ Middle name _____ Other _____
2. Relationship: Father Mother Guardian Sponsor
3. Occupation / Job : _____
4. Personal Telephone: _____ Home / Office _____
5. Languages spoken: i) Kiswahili ii) English Others (Specify) _____
6. Comments: _____

PART C: MEDICAL REPORT FORM

SECTION 1

Name : _____
Sex : _____
Age : _____
Weight : _____
Height : _____

SECTION 2

1. Diagnosis

- i) _____
- ii) _____
- iii) _____
- iv) _____

2. Other chronic diseases (specify)

3. Any allergy / Food problems

4. Other diseases (specify)

SECTION 3: Hospital / Doctor's / Physicians comments / Recommendations / Advisory remarks

SECTION 4: Doctors/ Physicians' declaration: I have performed this medical examination and personally, I declare that the medical report is true and correct.

Doctor's Name: _____ Signature: _____ Date: _____

Designation: _____ Phone: _____ Email: _____

OFFICIAL DOCTOR'S / HOSPITAL STAMP

SCHOOL FEES CLEARANCE / BURSAL STAMP

***THANKS IN ADVANCE
BY MANAGEMENT***