



# GRASSLAND SECONDARY SCHOOL

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FORM NO \_\_\_\_\_

## APPLICATION FORM FOR ADMISSION YEAR 2022.

STUDENT'S FULL NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_ REGION \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

DISTRICT \_\_\_\_\_ WARD \_\_\_\_\_ VILLAGE \_\_\_\_\_

TEL (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) E-MAIL \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ SEX \_\_\_\_\_

CLASS OF ENROLLMENT FORM \_\_\_\_\_ FORMER SCHOOL \_\_\_\_\_

DISABLED YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES SPECIFY \_\_\_\_\_

EXTRACARRICULAR ACTIVITIES YOU CAN PERFORM \_\_\_\_\_

PARENT OR GUARDIAN'S NAME (FATHER) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY EMPLOYED \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN'S NAME (MOTHER) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY EMPLOYED \_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT FALSE OR OMITTING INFORMATION MAY RESULT IN TO CANCELLATION OF MY APPLICATION.

DATE OF FILLING IN \_\_\_/\_\_\_/\_\_\_ SIGNATURE OF STUDENT: \_\_\_\_\_

RETURN THE FULLY FILLED FORM TO:

THE HEADMASTER  
GRASSLAND SECONDARY SCHOOL  
P.O.BOX 78337  
DAR ES SALAAM.