



# Abeti Schools

(ENGLISH MEDIUM-DAY AND BOARDING)

P.O. BOX 551  
SINGIDA, TANZANIA  
Mob No. +255 754 382201  
Email: enquiry@abetischools.ac.tz  
www.abetischools.ac.tz  
REG N°. SG.01/7/EA.002  
REG N°. SG.01/7/002

## APPLICATION FOR ADMISSION 2024

Adm #:

STUDENT INFORMATION (as it appears in Passport/Birth Certificate)				Photo (Affix here)
First Name		Middle Name	Last Name	
Preferred name:		Nationality:		
Date of birth	Gender		Age at point of admission	
	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
Town and Country of Birth:			Religion:	
Grade level on entry – please tick one				
Kindergarten: <input type="checkbox"/>				(Write month and year only)
Nursery: <input type="checkbox"/>				
Primary: <input type="checkbox"/> Std 1 <input type="checkbox"/> Std 2 <input type="checkbox"/> Std 3 <input type="checkbox"/> Std 4 <input type="checkbox"/> Std 5 <input type="checkbox"/> Std 6				Day <input type="checkbox"/> Boarding <input type="checkbox"/>
Previous Schooling History: please list the last two schools, which the student attended				
Grade-Level		School Name	City/Country	Language of Instruction
From	To			
Has the student ever received Special Needs educational accommodation or assessment? (eg impaired speech/vision/dyslexia/hearing or anything that you may feel may impede his/her learning) <i>If yes kindly attach a document with further information</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				



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<b>FAMILY CONTACT INFORMATION:</b> Please fill in all fields for <u>BOTH</u> parents, in BLOCK CAPITALS, marking N/A where applicable		
Relationship to student:	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
First name:		
Family name:		
Nationality and Passport Number:		
Phone - mobile:		
Phone - home:		
Phone - work:		
Email address:		
Residential address:		
Postal address:		
Home country address (for foreigners):		
Current Employer/ Business:		

<b>EMERGENCY CONTACT INFORMATION:</b> We will always try to contact parents/guardians first. Please provide secondary emergency contact information which would be used only in the event that we are unable to reach you:	
Full name:	Phone-mobile:
Relationship to student:	Phone-home:
Email address:	Phone-work:

## APPLICATION FEE is 15,000 Tshs

*NB: The application form must be dully filled in and submitted at school together with a deposit slip through CRDB Bank Account N° 01j2049592000 ABETI PRIMARY SCHOOL. The application form and a deposit slip should be submitted before the school is opened. A face-to face interview with teachers will be conducted in order evaluate the level and place the future pupil in the right class.*

TEL: +255 (0) 758135942 ; +255 (0) 713176991