

# **Abeti Schools**

### (ENGLISH MEDIUM-DAY AND BOARDING)

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

### APPLICATION FOR ADMISSION 2026 Adm #:

STUDEN		TION (as it ann			icate)	7 10111	<i></i>	
STUDENT INFORMATION First Name			Middle Name		Last Name			
T HSt Ttull		TVIIGGIC I VIII	iiic .	<u> Lust i tume</u>				
Preferred	name:		1		Nationality:		Photo (Affix here)	
				(1	Allix liele)			
Date of bi	rth	Gender		Age at point of				
		Male:	Female:	admission				
			_					
Town and	Country of Bi	rth:	Religion:					
Grade lev	<b>el on entry</b> – ple	ease tick one				Proposed entry date		
						(Write month and year		
Kindergarten:							only)	
Nursery:	Γ	7						
Primary:	Std 1	Std 2 Std	3			Day		
☐ Std 4 ☐ Std 5 ☐ Std 6								
Previous S	Schooling Histor	rv: please list the	last two schools	s, which the stu	dent attended	Boardi	ing 🗀	
Previous Schooling History: please list the last two schools, which Grade-Level School Name					City/Country Language of			
					Instr		Instruction	
From	To							
Hac the cti	ident ever receiv	red Special Needs	educational acc	ommodation or	r accecement?	(eg imns	aired	
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</i>								
•	with further info			, ,	`			
☐ Ye	ng.	□ No						
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T. A. B. #TT. T.	COMPAGE T	JEODA / EION	T D1 (*11.)	11 (* 1.1. 6. *	DOTTI		I OCIV	
		NFORMATION  A where applicab		all fields for	BOTH paren	ts, in B	LOCK	
CAPITALS, marking N/A where applicable  Relationship to student:     Description   Des								



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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:				
EMERGENCY CONTACT INFO Please provide secondary emergency 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) 754382201 ; +255 (0) 713176991