Admission Form

MARIA DE MATTIAS PRE & PRIMARY SCHOOL

Pupil Admission Form

Full Name of Child: _____

Date of Birth: _____

Level Applying For: _____

Home Address: _____

Parent / Guardian Details

Full Name: _____

Phone Number: _____

Relationship to Child: _____

Email (optional): _____

Signature: _____ Date: _____

Please return the completed form to the school office in Kisasa B, Dodoma, or send a photo of it via WhatsApp to +255 757 100 888.

This is a sample form — replace with the school's official admission form if one already exists.