ALPHA HIGH SCHOOL

TRANSFER APPLICATION FORM

Attach recent passport size photo here

P. O. Box 35136, Dar es Salaam, Tanzania. Mikocheni B Industrial Area
Head of School: 0787239803, Academic Supervisor: 0713642873
Manager: 0734 036 010; 0784 848 686
Website: www.alphaschools.co.tz E-mail: alphaschoolsdsm@alphaschools.co.tz

For office use Serial number _____ Receipt No _____

Entry Class: Form	Bias/Combination	Year

PART A: PARTICULARS OF THE STUDENT

1. Student's Name: First Name	Middle Name	Family Name

2. Date of Birth	Gender

3. Place of Birth	District	Region

4. Nationality

5. Place of Residence	District	Region

6. Postal Address	Email

7. Religion	Denomination/ Sect

8. Name of Father/Guardian

Occupation	Place of Work	Tel

9. Name of Mother/Guardian

Occupation	Place of Work	Tel

PART B: PARTICULARS OF PREVIOUS SCHOOL

1. Student's Name: First Name	Middle Name	Family Name

2. Student's PSLE/FTNA/CSEE number

3. PREM Number

4. School name

5. Previous school contact

6. School Location	District	Region

PART C: IMPORTANT INFORMATION

1. Return this form duly filled together with the following items:
   i) Copy of birth certificate
   ii) Two recent passport size of the student
   iii) Results slip (For A-Level)
2. Entrance examination subjects will be ALL SUBJECTS TAKEN IN CLASS OF ADMISSION.
3. Date of Examination will be on _____ from 08:00 am at Alpha High School – Mikocheni.

PART D: PARENT'S/ GUARDIAN'S DECLARATION

I declare that the above information is true and correct. I understand that any false information traced at any time, including during the student's stay at school, could result in the immediate removal of the student from school.

Signature: _____ Relationship: _____ Date: _____