VANPAUL ENGLISH MEDIUM SCHOOL

P.O. Box 892 Mwanza, Plot No.02 Block
E Ngudama,Usagara Mwanza,
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Web: www.vanpaulschools.sc.tz

REGISTRATION FORM ACADEMIC YEAR 2026

1. STUDENT INFORMATION

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: ☐Male ☐Female ☐Other
- Nationality: _____
- Place of Birth: _____

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2. CLASS DETAILS

- Class Applying For: _____
- Previous School Attended: _____
- Last Class Completed: _____
- Reason for Leaving Previous School: _____

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3. PARENT / GUARDIAN INFORMATION

Father / Guardian

- Full Name: _____
- Occupation: _____
- Phone Number: _____
- Email Address: _____

Mother / Guardian

- Full Name: _____
- Occupation: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____

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4. EMERGENCY CONTACT

- Name: _____
- Relationship: _____
- Phone Number: _____

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5. MEDICAL INFORMATION

- Does the student have any medical condition? ☐Yes ☐No
  If yes, specify: _____
- Allergies (if any): _____
- Doctor's Name: _____
- Doctor's Phone Number: _____

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6. DOCUMENTS SUBMITTED (Tick as applicable)

☐Birth Certificate

☐Previous School Report

☐Passport Photos

☐Transfer Letter

☐Medical Records

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7. DECLARATION

I hereby declare that the information provided is true and correct to the best of my knowledge.

- Parent/Guardian Name: _____
- Signature: _____
- Date: ____ / ____ / _____

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8. FOR OFFICIAL USE ONLY

- Admission Number: _____
- Date of Admission: _____
- Approved By: _____
- Signature: _____


VA
MS
VANPAUL ENGLISH MEDIUM SCHOOL