ST. JOSEPH'S SCHOOL OF LEADERSHIP

TEL: 0766 599496 / 0713 615254 Reg.No.DS.02/7/016 Box 60038 DSM

Date_____

REGISTRATION FORM

PUPIL'S PROFILE   Please write in block letter and tick where appropriate
First Name:
Middle Name(s):
Last Name:

COURSES	
Pre Standard one	
Standard One	
Standard Two	
Standard Three	
Standard Four	
Standard Five	
Standard Six	

RELIGION:	
DATE OF BIRTH(dd/mm/yyyy):	
AGE:	
PLACE OF BIRTH:	
GENDER:	
TRIBE:	
PLACE OF WORSHIP:	

Postal Address:	
Tel No.	
E-mail Address:	
Street:	
District:	
Town:	

	Father	Mother	Both	Guardian
Pupils lives with:				
Occupation:				
Place of Work:				
Tel No:				
Age:				
E-mail:				

Married/Not married: _____

Are both alive? YES/NO_____

	Orphan	Non-Orphan	Single Father	Single Mother	Guardian
Pupil's Status:					

Previous School: _____

REQUIREMENTS

1. **Copy of birth certificate**
2. **1 passport size photo**