## ST. JOSEPH'S SCHOOL OF LEADERSHIP



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

Date			
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					
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Standard One			_		
Standard Two			-		
Standard Three					
Standard Four			-		
Standard Five			-		
Standard Six			-		
Standard SIX					
RELIGION:					
DATE OF BIRTH(	dd/mm/yyyy):				
AGE:					
PLACE OF BIRTH	:				
GENDER:					
TRIBE:					
PLACE OF WORS	HIP:				
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Postal Address:					
Tel No.					
E-mail Address:					
Street:					
District:					
Town:					
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Dupile lives with:	Father		Mother	Both	Guardian
Pupils lives with:	Father	•	Mother	Both	Guardian
Occupation:	Father	•	Mother	Both	Guardian
Occupation: Place of Work:	Father	•	Mother	Both	Guardian
Occupation: Place of Work: Tel No:	Father	•	Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age:	Father	•	Mother	Both	Guardian
Occupation: Place of Work: Tel No:	Father		Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age:	Father	•	Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age: E-mail:			Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age:			Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married	:		Mother	Both	Guardian
Occupation: Place of Work: Tel No: Age: E-mail:	:		Mother		
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married	:		Mother	Both Single Mother	Guardian
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married Are both alive? YES/	:/NO				
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married	:/NO	Non-	Single		
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married Are both alive? YES/	:/NO	Non-	Single		
Occupation: Place of Work: Tel No: Age: E-mail:  Married/Not married Are both alive? YES/	:/NO	Non-	Single		

Previous School:

## REQUIREMENTS

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