



STUDENT REGISTRATION FORM
MILLENNIUM PRE- AND PRIMARY ENGLISH MEDIUM SCHOOL

P.O. Box 860 Iringa, Tanzania

<https://www.millenniumenglishmediumschool.com/>

+255767585652 or +16475506355

Student Name _____

For Office Use Only

Student Registration No _____ Grade ____ Admission Date _____
(yyyy/mm/dd)

- | | |
|---|--|
| <input type="checkbox"/> Beginner/ Primary School | <input type="checkbox"/> From Iringa Region |
| <input type="checkbox"/> Beginner/ Daycare | <input type="checkbox"/> From outside Iringa Region |
| | <input type="checkbox"/> From outside Tanzania |
| | <input type="checkbox"/> Returning from non-attendance |
| | <input type="checkbox"/> From government school |

STUDENT INFORMATION

Name _____
(Legal Last) (Legal First) (Legal Middle)

(Legal name must be shown on legal documents (birth certificate or adoption order))

Date of Birth _____ Male Female Age at admission _____
yyyy/mm/dd

STUDENT HOME ADDRESS

P.O. Box _____ City/ Town _____ Region _____
Home phone number: _____

Fill in the section below **ONLY** if country of birth is other than Tanzania:

Birth Country _____ Country of last residence _____
First arrival date in Tanzania _____

To be completed for ALL students:

Country of Citizenship _____ Region if born in Tanzania _____

Languages spoken (indicate all languages incl English)

- | | | |
|----------|---|---|
| 1. _____ | <input type="checkbox"/> First language | <input type="checkbox"/> Spoken at home |
| 2. _____ | <input type="checkbox"/> First language | <input type="checkbox"/> Spoken at home |
| 3. _____ | <input type="checkbox"/> First language | <input type="checkbox"/> Spoken at home |

EDUCATION BACKGROUND

Has the student ever been registered at the school within the Tanzanian Ministry of Education? Yes No

If **Yes** - Provide the name of school _____ Last grade attended ____

If **No** - Provide the name of school most recently attended _____

School address _____ School phone # _____

School Fax # _____ School email _____

Has the student previously received Special Education Support? Yes No

Type of program _____

Is the student under suspension from any school? Yes No

MEDICAL INFORMATION

Proof of Immunization Record Yes No

Health Card No _____

Medical conditions:

Life threatening?

(If the child has medical needs or conditions of which the school should be aware, please describe below)

1. _____ Yes No

2. _____ Yes No

SIBLING INFORMATION (if the student has brothers or sisters in this school, please indicate)

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

PARENTS / LEGAL GUARDIAN INFORMATION

(If parents are separated or divorced, they must provide the school with information about the custody of the child)

Documentation received? Yes No Not applicable

1. Last Name _____ First Name _____ Male Female

Relationship: Mother Father Foster Legal Guardian

Home No _____ Business No _____ Cell No _____

Email address _____

Home Address: P.O. Box _____ City/ Town _____ Region _____

2. Last Name _____ First Name _____ Male Female

Relationship: Mother Father Foster Legal Guardian

Home No _____ Business No _____ Cell No _____

Email address _____

Home Address: P.O. Box _____ City/ Town _____ Region _____

ADDITIONAL STUDENT INFORMATION

FOR FUNDING PURPOSES

Fees are paid by the Tanzanian Ministry of Education

Fees are paid by NADEZDA Charity

Fees are paid by any other charity

All information provided above is correct and true; all admissions are conditional pending receipt of required documentation and applicable fees:

Signature of parent/ Legal guardian

Date: _____
yyyy/mm/dd