

**DIOCESE OF CENTRAL TANGANYIKA**

**DCT - MVUMI SECONDARY SCHOOL**

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www.dct mvumi.sc.tz

P.O. BOX 62, Mvumi,

Dodoma, Tanzania.

Phone: 0714-772095 / 0717-243199/0717 - 245451

**APPLICATION FOR ADMISSION TO FORM V  
2020/2021**

**PCM, PCB, CBG, EGM,HGE, HGL,HGK& HKL**



1. Student's Full Name:.....  
Name to be used at School:.....
2. Male or Female:.....      3. Date of Birth:.....
4. Country of Birth:.....      5. Citizen of:.....  
(Proof of Birth Date and Citizenship may be required)
6. Religion:.....

| Exam Centre No. | School | Date joined | Date left | Completed Form |
|-----------------|--------|-------------|-----------|----------------|
|                 |        |             |           |                |
|                 |        |             |           |                |
|                 |        |             |           |                |
|                 |        |             |           |                |

8. Medical History: Please note any serious illness or accident which the school should know about:  
.....  
.....  
.....

9. Parents/Guardians:
 

|  |  |
|--|--|
| <b>Father/Guardian:</b><br>Name:.....<br>Address:.....<br>Occupation:.....<br>Country of Birth:.....<br>Citizen:.....<br>Religion:.....<br>Language Spoken:.....<br>Telephone: Office:.....<br>Mobile/ Home:.....<br>Email Address:..... | <b>Mother/Guardian:</b><br>Name:.....<br>Address:.....<br>Occupation:.....<br>Country of Birth:.....<br>Citizen:.....<br>Religion:.....<br>Language Spoken:.....<br>Telephone: Office:.....<br>Mobile/ Home:.....<br>Email Address:..... |
|--|--|

10. **Emergency contact (in case of Sickness / Injury or other urgent matters)**

Name: .....  
Telephone: Office: .....  
Home: .....  
Mobile: .....

11. **COMBINATION**

I would like to study (Circle your choice)

i.e You can choose more than one combination but not more than 3 choices.

Circle Your Choice then indicate your Preference, eg ECA -1, HGL 2 , CBG-3

**EGM PCM PCB CBG HGL , HKL , HGK, HGE**

12. **DECLARATION**

Name: .....  
Signature: .....  
Date: .....

**Duly filled form attached with a copy of an applicant result slip must be received by the school before May this year.**

13. **ACCOMODATION :**

**BOARDING ..... DAY ..... ( PUT A TICK ACCODINGLY)**

**FOR OFFICE USE ONLY**

Receipt Number: .....

Form collected / sent on: .....

Return date / Deadline: .....

Form IV results: .....

Recommendations: .....

**Accepted: YES / NO**

Admission Number: .....

Starting Date: .....

Waiting List: .....