

DIOCESE OF CENTRAL TANGANYIKA

DCT - MVUMI SECONDARY SCHOOL

www.dctmvumi.sc.tz

**P.O. BOX 62, Mvumi,
Dodoma, Tanzania.**

Phone: 0714 - 772095/ 0712-684871/0714 - 278470

**APPLICATION FOR ADMISSION TO FORM V
2024/2025**

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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:

Father/Guardian:

Mother/Guardian:

- Name:.....
- Address:.....
- Occupation:.....
- Country of Birth:.....
- Citizen:.....
- Religion:.....
- Language Spoken:.....
- Telephone: Office:.....
- Mobile/ Home:.....
- 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

**PCM, P GM,P CB , CB G ,EGM, H GE, H K L , H GK
ECA, H GE ,**

COMBINATIONS MPYA

HGFa , HGLi , EBuAc , ECsM , BuAcM , DHG , DHL , DHK , DKL , KLM , KMS, LMS

12. **DECLARATION**

Name:
Signature:
Date:

Duly filled form attached with a copy of an applicant result slip must be received by the school before June 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: