

## El Shaddai International School (ELIS)

Ihumwa Area - Dar Es Salaam Road, P.O. Box 1709, Dodoma

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Please attach color passport size photograph

## **APPLICATION FORM**

A. STUDENT INFORMAT	ON				
Full Name :				Sex: Ma	le  Female
Date of Birth: Day Mon	th Year.	Place of B	irth:		
Nationality:	First Langua	age Spoken At Ho	me:		
Other Languages Spoken At H	ome				
English Proficiency:	Spoken:	Fluent	Developing		Beginner
	Written:	Fluent	Developing		Beginner
B. EDUCATION INFORMA	ATION				
Class to Which Entry is Reques	sted:	Proposed Date	e of Entry: Day	Mont	hYear
Name and Address Of Previous	s School:				
C. FAMILY INFORMATIO	N				
1. Full name:			Nationality:		
Relation to student: Father	Mother 🔲 Gu	uardian 🔲 Email <i>i</i>	Address:		
Residential Address:			PO	Box:	
Phone number:		Whatsapp nur	mber:		
2. Full name:			Nationality:		
Relation to student: Father	Mother Gu	uardian 🔲 Email <i>i</i>	Address:		
Residential Address:			PO	Box:	
Phone number:		Whatsapp nui	mber:		
We hereby declare that the info	ormation provid	ded herein is corre	ect.		
Signature:	Date				