

EDEN GARDEN EDUCATION TRUST (EGET)

PHOTO

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Email: <u>info@edengardenschools.com</u> Website: <u>www.edengardenschools.com</u>											
STUDENT NAME (as stated in			FIRST				MIDDLE			LAST	
Birth Certificate)											
	DA	Y	MONTH YEAR			R	GENDER			State whether:	
DATE OF			WONT	•	ILA	IX .	MALE			DAY	
BIRTH							FEMAL	.E	1	BOARDING	
RELIGION					NATIONA	ALITY		1	_		
				•							
SCHOOL (s) PREVIOUSLY ATTENDED									YEARS ATTENDED		
	- Inca						1.40	-			
			FIRST				MIDDLE			LAST	
PARENT NAME (Father)											
PARENT NAME (Mother)											
MOBILE No. (Father)			WhatsApp no								
MOBILE No.(Mother)			WhatsApp no								
ADDRESS		Postal	Postal			Street					
EMAIL ADDRESS				ı							
OCCUPATION			Father Mo					Mothe	ner		
SIGNATURE									DATE		
HEADTEACHER'S SIGNATURE & STAMP											

FOR OFFICE USE ONLY:

PRIMARY ADMISSION	AGE	CLASS	DATE JOINED	REG. NO.	
ADMISSION					

PLEASE NOTE:

- Application form must be returned with a proof of payment.
- Copy of Birth Certificate and a passport size photo must be attached to the application form upon submission.
- Please make sure that spelling of your child's name is correct as stated in his/her birth certificate.