LITO ANGELES
PRE & PRIMARY SCHOOL

Kibamba, Kibwegere – Dar es Salaam
+255 718 222 107 | info@litoangels.ac.tz

APPLICATION FOR ADMISSION

Academic Year 20___ • Please complete in block letters and return to the school office

1 PUPIL'S INFORMATION

FULL NAME OF PUPIL _____ **DATE OF BIRTH** _____

GENDER ☐ Male ☐ Female **NATIONALITY** _____ **PREFERRED START DATE** _____

LEVEL APPLYING FOR

☐ Pre-Primary ☐ Kindergarten (LKG/UKG) ☐ Primary – Grade ___

PREVIOUS SCHOOL (IF ANY) _____ **LAST GRADE COMPLETED** _____

2 PARENT / GUARDIAN INFORMATION

FULL NAME OF PARENT / GUARDIAN _____ **RELATIONSHIP TO PUPIL** _____

PHONE NUMBER _____ **EMAIL ADDRESS** _____

HOME ADDRESS _____

OCCUPATION _____ **EMERGENCY CONTACT (NAME & PHONE)** _____

3 ADDITIONAL INFORMATION

ALLERGIES / MEDICAL CONDITIONS WE SHOULD KNOW ABOUT

_____

HOW DID YOU HEAR ABOUT LITO ANGELS?

_____

ADDITIONAL NOTES

_____

I confirm that the information given above is true and complete to the best of my knowledge, and I understand that a place is only confirmed once the school office has reviewed this application and contacted me directly.

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ **RECEIVED BY** _____ **STATUS** _____