

Close relative's Number 02





## Application Form

		41	
Personal hform	ation		
First Name		Last Name	
Date of Bir	th	Age	_
Nationality	<ul><li>Tanzanian</li><li>Other</li></ul>		Passport photo here
Gender	□ Boy □ Girl		
School Name	e		
Grade Physical Addre			
		District	
		_Street	
Road			
Contacts	*		

Health Information 🐺	
Blood Group	Allergy
Common Diseases	
□ <del>Al</del> hma	Ugellow fever Uther
<ul><li>Epilepsy</li></ul>	☐ Heart disease ☐ Non
Disability	
□ if yes, Men	tion
□ Non	
Further health infi	ormation
hterests 🗼	
Favorite Colour	Favorite Game
Favorite Food	
Best friend	
Inspiration	
Hobbies	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Parent / Gurdian Name
Islamic help Project Off	icer Signature Parent / Gurdian Signature
	Date of issue

For any emergency, a parent or gurdian is obligated to assist islamic help until the problem is resolved if the problem persists, the child will be returned home immediately.

This is an islamic help project for the kids aiming at exploring their potentials and preparing them to become better citizens of tommorow www.islamichelp.co.tz