

JOINING FORM

Student Name: Twahir Soud
Date of Birth: 2025-02-14
Gender: M/KE
School Name: Mwanza Secondary
Year of Joining School: 2019
Class: form-4

Parent/Guardian Information

Parent/Guardian Name: TWahir
Parent's Address: Arusha
House Number: 20
Parent's Phone Number: 255696471630
Additional Parent Contact (Optional): hakuna
Form Submission Date: 2025-02-14
Form Submission Date (for record): 2025-02-20

Parent's Commitment

Parent's Commitment Statement: sawa

Parent's Signature:

