



# Haven of Peace Academy

PO Box 70027 Dar es Salaam Tanzania  
+255 786 845 135 [www.hopac.net](http://www.hopac.net)

DATE OF APPLICATION	
GRADE APPLYING FOR	
INTENDED START DATE	

## Application for General Admission

If not completed electronically, please use BLOCK LETTERS.  
All dates must be in DD-MM-YYYY format.

### Student Information

Full Legal Name: \_\_\_\_\_  
As it appears in passport      FIRST NAME      MIDDLE NAME/S      FAMILY NAME

Preferred Name: \_\_\_\_\_ Gender:  Male  Female  
FIRST NAME      FAMILY NAME

Date and Place of Birth: \_\_\_\_\_ Passport Country: \_\_\_\_\_  
DD-MM-YYYY      COUNTRY      COUNTRY

Expected leaving date from HOPAC: \_\_\_\_\_  
Month/Year

### Student's Educational Background

\*Current or Last School:

NAME OF SCHOOL	NAME OF HEADMASTER	SCHOOL PHONE NUMBER	DATE STARTED	DATE FINISHED	CURRENT GRADE/YEAR	LANGUAGE OF INSTRUCTION

\*If student is transferring from another school in Tanzania, a leaving certificate from that school must be submitted prior to final acceptance.

Previous Schools, most recent first:

NAME OF SCHOOL	NAME OF HEADMASTER	SCHOOL PHONE NUMBER	DATE STARTED	DATE FINISHED	GRADE/YEARS COMPLETED	LANGUAGE OF INSTRUCTION

Student's Educational Background *continued*

- Does your child have any special or medical disabilities?  Yes  No
- Has your child ever been enrolled in any type of Special Education Programme?  Yes  No
- Has your child ever been tested by a learning specialist, psychologist or psychiatrist?  Yes  No
- Has your child been excluded / expelled from or asked to leave any previous schools?  Yes  No

\*If the answer to any of the above questions is yes, please explain in detail on a separate sheet.

Family Information

Siblings:

NAME OF SIBLING	AGE	SCHOOL CURRENTLY ATTENDING

We appreciate that some of the following questions may seem to be asking the same thing for some students. Please answer them as fully as possible.

Language:

What is the primary language used at home? \_\_\_\_\_

What language(s) does your child speak fluently? \_\_\_\_\_

Please mark the boxes for any of the following that apply:

- My child is a native English speaker. (eg US, UK, Australia etc.)
- My child speaks mainly English at home.
- My child speaks little/no English at home.
- My child speaks mainly English at school.
- My child speaks little /no English at school .

Family Information continued

**Parent/Guardian Information:**

Where the information is the same for the second person, please write "SAME" in the space provided. If not applicable, write N/A.

	FATHER/ FIRST GUARDIAN	MOTHER/SECOND GUARDIAN
NAME		
IF GUARDIAN, RELATIONSHIP TO STUDENT		
PHYSICAL ADDRESS IN TANZANIA		
POSTAL ADDRESS IN TANZANIA		
EMAIL (HOME)		
PHONE (HOME)		
EMPLOYER or MISSION ORGANIZATION		
PROFESSION		
POSITION		
EMAIL (WORK)		
PHONE (WORK)		
RELIGIOUS AFFILIATION		
PLACE OF WORSHIP IN TANZANIA (CHRISTIAN OR OTHER)		
HOW OFTEN IS PLACE OF WORSHIP ATTENDED		
NAME OF PASTOR/LEADER		
EMAIL and/or PHONE NUMBER OF PASTOR/LEADER		

Payment Information:

Who will be responsible for paying school fees? \_\_\_\_\_

Are you applying for a missionary discount?  Yes  No

If yes, please describe in detail your ministry and source of financial support:

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Please explain briefly why you would like your child to come to Haven of Peace Academy.

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Please read the following carefully and then sign below to complete the application form.

We have read, understood, and will support the Philosophy, Statement of Faith, Policies, and Fee Scale of Haven of Peace Academy as printed in the information pack and on the website. We will accept and abide by these documents without difficulty.

We understand that failure to complete this form accurately is grounds for the school to change a decision about offering a child a place at Haven of Peace Academy (HOPAC), or is grounds for permanent exclusion of the child if he/she has started at HOPAC already.

For those applying electronically, please type your name below. This signifies consent to the above statements.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Please return the completed application **with a copy of the information page of the student's passport or a copy of his/her birth certificate**, by post or in person, to:

The Administrative Secretary, Haven of Peace Academy,  
PO Box 70027, Dar es Salaam, Tanzania, East Africa

Or email it to: [hopic@hopic.net](mailto:hopic@hopic.net) A passport copy or birth certificate copy will be required when you come into school for the first time. *To save this form after filling it out, you must have Adobe Reader XI or later.* [get.adobe.com/reader/](http://get.adobe.com/reader/)