

+255(0) 766 961 564 +255(0) 692 372 920



HELASITA

SECONDARY SCHOOL

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FORM	110	

PHOTO HERE

Plot No. 104-106, Block C, Mtoni Kijichi, Temeke - P.O. BOX 11639, Dar Es Salaam.

Direct Contact: +255(0) 766 961 564 / 0692 372 920

Email: info@ helasitasecondary.ac.tz Web: www.helasitasecondary.ac.tz

STUDENT APPLICATION FORM

Academic Year 20.....

Please complete all information requested in this application form. The school policy is to review each application form it receives.

Please note that only those applicants who will pass the Entry Exam will be selected to join the school via Telephone Contact or Public Announcements. Application forms and any accompanying documents are kept confidential from time of receipt.

	Receipt No:
APPLICANT'S INFORMATION	
Full Name: (Three names as the	y appear on your primary certificate) DOB:// DD MM YY
Gender: Male Female N	ationality: Religion:
Language(s) Spoken:	
PARENT(S)/GUARDIAN(S) INFOR	MATION
Full Name (Father/Guardian):	
Full Name (Mother/Guardian):	
Home Permanent Address:	
Plot No.: Street:	Ward: District:
P.O. Box: Region:	Country:
Phone 1:	Phone 2:
Email Address:	(If applicable)
Nationality:	Occupation:

Primary							
Other Di	isabilities/	Conditions:				(Stc	ate if any)
Previou	ıs Educati	on History:	(start with the most	recent)			
		Address of		Years Att		Achieveme	
1. (Eg.	Helasita Prir	nary School, B	ox 7777, Iringa)	(Eg. From 201	0 To 2017)	(Eg. Certificat	e)
2.							
Z.							
DECLA	RATION (T	be filled by F	Parent/Guardian)				
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Signatur	re:		Date:	DD N	MM Y	Υ	
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