Registration Number: \$.4891



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



HELASITA

SECONDARY SCHOOL

FORM	No.:	
FORM	No.:	

Plot No. 104-106, Block C, Mtoni Kijichi, Temeke **- P.O. BOX** 11639, Dar Es Salaam. **Direct Contact:** +255(0) 0766 961 564 /0692 372 920

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

AFFIX
PASSPORT SIZE

STUDENT APPLICATION FORM

Academic Year 2025

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:		DOB://
(Three names as t	hey appear on your primary certificat	te) DD MM YY
Gender: Male Female	Nationality:	Religion:
Language(s) Spoken:		
PARENT(S)/GUARDIAN(S) INFO	PRMATION	
Full Name (Father/Guardian):		
Full Name (Mother/Guardian):		
Home Permanent Address:		
Plot No.: Street:	Ward:	District:
P.O. Box: Regio	n: Cour	ntry:
Phone 1:	Phone 2:	
Email Address:		(If applicable)
Nationality:	Occupation:	

ASPIRE LEAD CONQUER

Other Disabilities/Conditions: [State if any) Previous Education History: (start with tine most recent) Name and Address of the School [Eq. Relation Filmany School, Box 11639, DSM) [Eq. Relation Filmany S	OTHER IN	O MITAIN										
Name and Address of the School (Eq. Helasita Primary School, Box 11639, DSM) 1. 2. DECLARATION (To be filled by Parent/Guardian) 1	-	-										
Name and Address of the School (Eg. Helasita Ritmary School, Bax 11639, DSM) 1. 2. DECLARATION (To be filled by Parent/Guardian) 1	Other Dis	sabilities/C	Conditio	ns:		•••••	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	(State	if any)
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DECLARATION (To be filled by Parent/Guardian) 1												
DECLARATION (To be filled by Parent/Guardian) 1		Helasifa Prim	ary Scho	ol, Box 116	139, DSM)	(Eg. Fro	om 2020 To	5 2025)		(Eg. Ce	rtiticate)	
Certify that the information given above is true and I hereby submit my son's/daughter's application to Helasita Secondary School. Signature: Date: Date: Date: Date: Date: Date: Date: Date: OTHER INFORMATION This Application Form is available for download on our official web page www.helasitasecondary.ac.tz. Please fill the form and deliver/send it to the above address. Application Forms can also be filled, scanned and sent with payment slip/receipt (also scanned) to into@helasitasecondary.ac.tz. All applicants will sit for Mathematics Entry Examination (on (day/date):/2025 from 8:00am. Center Name & Location: Helasita Secondary School, Mtoni Kijichi, Temeke, Dar es Salaam. Please bring the following with you: 1. This Form (duly filled). 2. Application Fee/Slip: TZS 25,000/= only for the Application Form. Non-Refundable. Office Use Only: ed by: Date:/./20 Signature: w did you get to know about Helasita Secondary School? For interview dates stay updated Name Stocial Website Friend (Word of Mouth) (please specify) www.helasitasecondary.ac.dary	2.											
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