

Registration Number: **S.4891**



Call us

+255(0) 766 961 564

+255(0) 692 372 920



HELASITA

SECONDARY SCHOOL

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
PHOTO HERE

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 they appear on your primary certificate) DD MM YY

Gender: ☐ Male ☐ Female **Nationality:** **Religion:**

Language(s) Spoken:

PARENT(S)/GUARDIAN(S) INFORMATION

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:**

ASPIRE

LEAD

CONQUER

1

OTHER INFORMATION

Primary Disability: (State if any)

Other Disabilities/Conditions: (State if any)

Previous Education History: (start with the most recent)

Name and Address of the School (Eg. Helasita Primary School, Box 11639, DSM)	Years Attended (Eg. From 2020 To 2025)	Achievement (Eg. Certificate)
1.		
2.		

DECLARATION (To be filled by Parent/Guardian)

I certify that the information given above is true and I hereby submit my son's/daughter's application to Helasita Secondary School.

Signature:

Date:

DD

MM

YY

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 info@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**.

For Office Use Only:

Issued by: **Title:** **Date:** .../.../20... **Signature:**

Received by: **Title:** **Date:** .../.../20... **Signature:**

Office Stamp:

How did you get to know about Helasita Secondary School?

Name
of social
media

Website

Friend (Word of Mouth)
(please specify)

For interview dates stay updated by:



www.helasitasecondary.ac.tz



@helasita_secondary



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