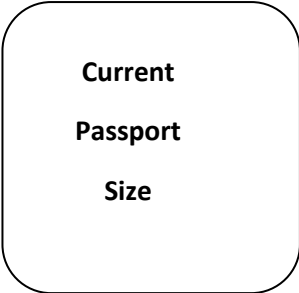




APPLICATION FORM FOR FORM FIVE ACADEMIC YEAR 2024/2025



Form number.....

Section I: Personal Details

First name	Middle name	Last name

Gender: Male [] Female []

Date of birth

Day	Month	Year

Place of birth (district)..... (Region).....Nationality.....

Physical or any other disability that may require special attention

.....

Name of parents/guardians:

1.
2.

Parent's/Guardian's Occupation (his/her job).....

Section II:

(A) Students' Contact information:

Physical address (village/street).....sub Town/Town/City.....Postal address.....

Parents /guardian’s phones and e-mail address:

Phone 1	(With what sap, if it’s there)
Phone 2	
Phone 3	
e –mail	

(B) Islamic Knowledge Background:

(i) **Level of Islamic Knowledge attained:**

.....

(ii) **Ability to recite Qur’an**

.....

(iii) **Level of Qur’an memorization**

.....

Section III: Application Requirements:

- (1) **Minimum pass is division three, if division IV, the combination must have three credits.**
- (2) **Must not have F in Combination**

The Application form shall not be processed unless the following are attached:

- (a) A copy of form four school leaving certificate
- (b) A copy of the birth certificate
- (c) Copy of results slip or results sheet downloaded from NECTA website.

Section IV: ‘O’ level secondary school attended and form four examination results.

‘O’ level school Name.....District.....Region.....Examination Index Number.....Year.....Scored Division.....Points

Fill in the table below, the subjects you sat for Form **Four National Examination** and the results.

S/n	Name of the subject	SCORES	INDEX NO.	YEAR
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Section V: Choice of Subject Combination.

Please indicate in the table below, the three choices of subject combinations you wish to apply.

Write in order of preference. (Select from the provided guide).

COMBINATIONS:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
PCB	CBG	PCM	HKL	HGK	IHG	IHAr	IHL	IHK	KLAr	HLAr	HGAr	HGL	HGF
15													
HGLi													

CHOICE	SUBJECT COMBINATION	REMARKS
1 st		
2 nd		
3 rd		

Section VI: Applicant’s Declaration

I confirm that the information I have given is true, complete and accurate.

Signature of Applicant.....Date.....

Signature of parent/Guardian.....Date.....

Note:

Applicant who has not fulfilled admission requirements including possession of minimum qualifications recognized by **Ministry of Education and Vocational Training** should apply.

Any subsequent discovery of violation of these requirements including submission of **false documents** shall lead to automatic discontinuation from the school.

Return complete form with the required attachments direct to school, **OR** to a place where you obtained the form before **June, 2024**.

THIS APPLICATION FORM IS AVAILABLE FOR TSH. 20,000/= NON REFUNDABLE.

- **The downloaded form will be paid for on submission day.**

The names of selected applicants will be placed on the School Notice boards, School website (<https://www.algebraschools.ac.tz>) and sent to applicant/guardian through mobile phones SMS.

SCHOOL FEE FOR THE ACADEMIC YEAR 2024/2025 IS TSH. 2,500,000/=

FOR OFFICAL USE ONLY

Admitted for.....(Subject combination) Not Admitted for.....because (Reasons.....

Name and Signature of authorizing person.....Date.....