Fomu Na.

P.O. DAR TAN

LOYOLA HIGH SCHOOL

P.O. Box 9533 DAR ES SALAAM TANZANIA TEL: 2400054, 2443311

Cell Phone: 0769-844812, 0785-805115, 0658-233088

E-MAIL: loyoladar@gmail.com

Website: www.loyola.ac.tz

ENTRANCE EXAMINATION APPLICATION FORM FOR FORM III 2025

Please return the filled application form to the Registration Office of Loyola High School, Administration Block Room No. A009. The entrance examination will be on **Wednesday**, **11 December 2024 at 7:30 a.m**. Therefore the application form is required to be returned latest **Tuesday**, **10 December 2024 at 3.00 pm**.

In order to sit for the entrance exam, the student is supposed to return this form with the following requirements:-

- a) A photocopy of the student's Birth Certificate or a Judiciary Affidavit attesting to the date of birth.
- b) A photocopy of the student's Academic Progress Report from the Secondary School attended (from Form One Term One and Term Two, Form Two Term One) please do not bring the original.
- c) Form payments receipt. (The form will not be accepted without receipt of payment)
- d) Prems Number. This can be submitted after selection.
- e) Two latest passport size photos of the student.
- f) A confidential Character Assessment attached Form must be filled out by the Headmaster/ Headmistress of the School attended.
- g) The Tshs. 30,000/= fee for this form is NON-REFUNDABLE.

NOTE:

- Those who will download the Entrance Forms at our Website: www.loyola.ac.tz will have to pay a non-refundable Entrance Form fee of Tshs 30,000/= (Thirty Thousand Only) at any of the CRDB (Cooperative Rural Development Bank) Branches A/ C Number 0150315988101. Name of Account: LOYOLA HIGH SCHOOL. Attach the bank pay-in-slip to the filled in Entrance Form as evidence of payment. Or LIPA NAMBA (M-PESA) 5132307 LOYOLA HIGH SCHOOL. Entrance forms that will not be accompanied by such evidence shall not be considered.
- 2. All subjects taught at Loyola are compulsory for all students whether the student did them in his or her previous school.

(PLEASE USE BLOCK LETTERS)

1.	Student's Full Name:				
	<u></u> .	First	Mi	iddle	Last
	Please tick (√) Male:	Female:			
2.	Student Home Address: P.O. Box	·			
3.	Father's (Male Guardian's) Name	:			
			,Email:		
4.	Mother's (Female Guardian's) Name:				
			Email:		
5.	Area where the family lives: Regi	on	District_	Loc	cation:
6.	Student's Date of Birth: Day:	Month:	_Year:	Place of Birth	
7.	Religion:	Denomination _		Nationalit	У
8.	Name of Secondary School currently attending:				
	Phone No				
9.	Has the applicant done Form Two National Assessment? (Please tick) Yes. No. if Yes, indicate year				
10.	Number of Brothers or Sisters of the applicant studying or who studied at Loyola:				
	Name of one of the brothers or sisters:			Prem No	
	Declaration: If it is discovered that any of the above information is false I will forfeit my child's place.				
	Name of Student		s	ignature	Date
	Name of Parent or Guardian		Sig	gnature	Date

You are warmly welcome to Loyola High School.