



LOYOLA HIGH SCHOOL

Fomu Na.

P.O. Box 9533
DAR ES SALAAM
TANZANIA

Cell Phone: 0769-844812, 0785-805115, 0658-233088
E-MAIL: loyoladar@gmail.com
Website: www.loyola.ac.tz

ENTRANCE EXAMINATION APPLICATION FORM FOR FORM II 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 photocopy of the student's Birth Certificate or a Judiciary Affidavit attesting to the date of birth.
- A photocopy of the student's Academic Progress Report (Form One Term One and Term Two)
- Form payments receipt. **(The form will not be accepted without receipt of payment)**
- Prem's Number. This can be submitted after selection.
- Two latest passport size photos of the student.
- A confidential Character Assessment attached Form must be filled out by the Headmaster/ Headmistress of the School attended.
- 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**.
- 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)

- Student's Full Name: _____
First Middle Last
Please tick (√) Male: Female:
- Student Home Address: P.O. Box _____
- Father's (Male Guardian's) Name: _____
Phone No. _____, _____ Email: _____
- Mother's (Female Guardian's) Name: _____
Phone No. _____, _____ Email: _____
- Area where the family lives: Region _____ District _____ Location: _____
- Student's Date of Birth: Day: _____ Month: _____ Year: _____ Place of Birth _____
- Religion: _____ Denomination _____ Nationality _____
- Name of Secondary School currently attending: _____ Prem No _____
Phone No _____
- Has the applicant done Form Two National Assessment? (Please tick) Yes. No.
if Yes, indicate year _____
- Number of Brothers or Sisters of the applicant studying or who studied at Loyola: _____
Name of one of the brothers or sisters: _____

Declaration: If it is discovered that any of the above information is false I will forfeit my child's place.

Name of Student _____ Signature _____ Date _____

Name of Parent or Guardian _____ Signature _____ Date _____

You are warmly welcome to Loyola High School.