**THE CATHOLIC DIOCESE OF IRINGA**

Student’s passport size

**ST. JAMES KILOLO SECONDARY SCHOOL**

**P.O. Box 2380, KILOLO, IRINGA-TANZANIA**

**Mobile: +255 753 240 820/+255 716 417 860/+255 759 660 296/+255 764 467 169**

***Email:info@stjameskilolo.org,Registration No. S.4401***

**APPLICATION FORM FOR FROM FIVE (V) 2025**

**Please fill the correct details in the spaces provided in this form**

1. Surname: …………………………………………………………………………...………

First name: ……………………………………………………………….………………...

Middle name: ………………………………………………………………………….…..

Sex (male/female): …………………………………………………………………………

Date of birth: …………………………………………………………………….…………

Place of birth: …………………………………………………………………..………….

Nationality: …………………………………………………………………….…………..

Religion: …………………………………………………………………………….……..

Current dwelling place and full contact: ……………………………………………..…….

………………………………………………………………………………………….…..

Father’s/Guardian’s name: ………………………………………………………......….….

Address: …………………………………………………………………………….….…..

Mobile/Tel: …………………………………………………………………………..…….

Fax: …………………………………………….. E-mail………………………….………

Mother’s/Guardian’s name: ………………………………………………………….….....

Address: ……………………………………………………………………………………

Mobile/Tel: …………………………………………………………………………….…..

Fax: …………………………………………….. E-mail………………………………….

Sponsor’s name: ………………………………………………………………………..…..

Address: …………………………………………………………………………….……...

Mobile/Tel: ……………………………………………………………………..………….

Fax: …………………………………………….. E-mail………………………..….…..….

1. **Combination choices – place tick in the provided (1st choice, 2nd choice,3rd choice, 4th choice)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No**  | **Subject combination** | **Combination**  | **1st choice** | **2nd choice** | **3rd choice** | **4th choice** |
| 1 | History, Kiswahili, English language  | HKL |  |  |  |  |
| 2 | History, geography, English language  | HGL |  |  |  |  |
| 3 | History, Geography, Kiswahili | HGK |  |  |  |  |
| 4 | History, Geography, Economics | HGE |  |  |  |  |

1. Qualification of the applicants
2. Students should score the minimum of Three Cs in all subjects, D and above in your combination. Note: F are not allowed in your combination subjects
3. Reporting date shall be on **05/07/2025**
4. Selected candidates shall be informed through the provided contact details at item 1.
5. **School(s) attended**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary school(s) attended | Location  | Year of CSEE from-to | Results slip | CSEE Candidate No. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Subject and Grade obtained at O-level

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Civics**  | **History**  | **Geography**  | **Kiswahili**  | **English**  | **Physics**  | **Chemistry**  | **Biology**  | **B.Maths** |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre number**  | **Your index number** | **Point awarded**  | **Division**  |
|  |  |  |  |

1. Please include the following with this application
2. Photocopy of you certified school records (Certificate of Secondary Education and National Examination Results Slip)
3. A non –refundable application fee of Tsh.10,000/= should be made through Mkombozi bank Account No.01111511756501,

 CRDB Account No. 0150242287300,

 NMB Account No. 62310001493, and

 EXIM bank Account No. 0437877770

St. James Kilolo Secondary School being the holder**.**

A bank document (pay –in-slip) is needed. Please post your correctly completed application form together with the pay-in-slip to the Headmaster, St. James Kilolo Secondary School, P.O.BOX 2380, KILOLO IRINGA or through e-mail: info@stjameskilolo.org.

Note: All electronically sent documents (form and pay-in-slip\_ will be accepted

**VERIFICATION NOTE**

All what is stated herein above is true to the best of my knowledge

**………………….. ……………… …………………….**

**APPLICANT’S NAME SIGNATURE DATE**