

Registration Number: S. 4565



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# GILI SECONDARY SCHOOL

FORM No.: .....

**Kibaha Maili moja, Pwani - P.O. BOX 30823, Kibaha, Pwani.**  
**Direct Contact: +255753 963 866, +255693 803 145, +255621 026 566**  
**Email: info@gilisecondary.co.tz Web: www.gilisecondary.co.tz**



AFFIX  
PASSPORT SIZE  
PHOTO HERE

## STUDENT APPLICATION FORM

Academic Year 2024

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:** .....

**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 <i>(Eg. Gili Primary School, Box 30823 Kibaha, Pwani)</i>	Years Attended <i>(Eg. From 2019 To 2024)</i>	Achievement <i>(Eg. Certificate)</i>
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 Gili Secondary School.

**Signature:**

**Date:**

**OTHER INFORMATION**

- This Application Form is available for download on our official web page [www.gilischools.co.tz](http://www.gilischools.co.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@gilisecondary.co.tz](mailto:info@gilisecondary.co.tz).

All applicants will sit for Mathematics Entry Examinations (on (day/date): ...../...../2024 from **9:00am**).

**Center Name & Location:** Gili Secondary School, Kibaha Maili moja, Pwani.

**Please bring the following with you:**

1. This Form (duly filled).
2. Application Fee/Slip: **TZS 20,000/= 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 Gili Secondary School?

Name of social media <input type="text"/>	Website <input type="text"/>	Friend (Word of Mouth) <i>(please specify)</i> <input type="text"/>
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**DAYS LISTED FOR INTERVIEW 2024.**

- 28<sup>th</sup> September, 2024
- 26<sup>th</sup> October, 2024
- 16<sup>th</sup> November, 2024