



"O" LEVEL ADMISSION FORM 2024/2025

TEL: 0716 -707050/0783-110005/0757-047180

ORDINARY LEVEL

Name of student: Sex: Date of birth
 Place of birth: Parent/Guardians Name:
 Relationship: Address:
 Telephone no.
 Name of primary school attended:
 Year of completion:

TERMS AND CONDITIONS OF ADMISSION

I do hereby apply for admission into form for the academic year I do promise that I will adhere to all regulations of the school including the Discipline code and I accept the right of the school's Management to terminate my studies from the school in the event of any breach of the said rules and Code of Discipline and should I fail to honor my financial obligations to the school within the prescribed period. I also accept the schools management decision to terminate my studentship if fail to obtain the pass marks set by the school.

I the parent/guardian of the above applicant to undertake to ensure that I will cooperate with the management and the rest of the staff to help(name) complete his/her studies uninterrupted for the whole period he/she will be in this school. I promise to pay the required school fees and other dues payable to the school in time as well as buying recommended text and reference books for his/her use. I further undertake to respect and accept the schools decision to dismiss him/her from school should he/she contravene school's rules or fails to get the cut off mark set by the school.

Parent's/Guardian's signature: Date:

FOR OFFICIAL USE

Date application received:
 Admission Granted/Not granted:
 Headmaster's signature:

FEES /DUES PAYABLE

1 st term	2 nd term	3 rd term	4 th term
600,000/=	600,000/=	500,000/=	500,000/=
January – March	April, - June	July – September	October – December

ANNUAL TOTAL

2,200,000/=

FEES /DUES PAYABLE FOR DAY SCHOLARS

1 st term	2 nd term	3 rd term	4 th term
500,000/=	500,000/=	500,000/=	400,000/=
January – March	April, - June	July – September	October – December

ANNUAL FEES 1,900,000/=

“Fees Once Paid Shall Not Be Refunded or Transferred To Another Term Or Academic Year Or Given To Cover Other Students Fees

JOINING INSTRUCTIONS

Dear

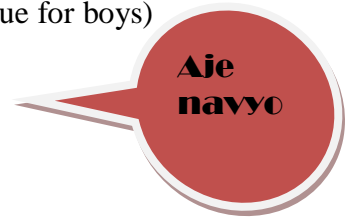
I am pleased to inform you that your application to join the small but vibrant community of this school as a form Student for academic year has been accepted.

We assure you of total access to the member of the teaching staff for whole period you will be here. We expect you to work very hard to develop and cultivate your academic potentials to the full with the help our well- trained and highly experience teachers. We also insist on the Moral Development of all our students because we believe and subscribe to the concept of WHOLISTIC FORMATION of our students.

The school is located at **Sanawari Juu Road** – about two and half km from the Arusha Municipal Authority Headquarters. The school environment is conducive for the activities of learning and teaching. The school has recruited teachers who have an excellent track record of teaching both “O” and “A” Levels and they are extremely comfortable with their subjects.

ESSENTIAL REQUIREMENTS FOR BOARDERS WHICH YOU WILL COME WITH

- (i) Come with two (2) Short – sleeved white shirts, 2 pairs of black shoes and one rim of paper (Rota trim)
- (ii) One blanket, two bed sheets, a pillow (optional) a bucket (pink for girls blue for boys)
- (iii) A Bible/Koran (optional)
- (iv) Shamba dress grey skirt/ trouser and white t shirt or grey T shirt



ESSENTIAL REQUIREMENTS WHICH YOU WILL GET FROM SCHOOL

- (i) Two trousers/skirts
- (ii) One quality sweater
- (iii) School T/shirt
- (iv) Passport size photo and ID card.
- (v) Tracksuit.
- (vi) A jembe/rato
- (vii) 1 Tie
- (viii) One small mattress
- (ix) A bowl, a cup, a plate and a spoon.
- (x) Exercise books and pens



OPENING

The school opens on

School fees and other dues payable to the school should be deposited in our account at the TCB – Sokoine Branch. Pay – in – slip should be presented to the school Bursar upon reporting. Our Account Number is **215505000019/ CRDB 0150201297000 / NMB 42510009382**

NB: mobile phones, CD players music system, (tools) are strictly prohibited in the school. Any student caught with any of the article above will be expelled and the article will be confiscated.

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S.J. Lendisa
HEADMASTER



TEL: 0732-971856/0754-383357/0757-047180

E-mail: info@bishopdurnngschool.com

MEDICAL OFFICER

.....
.....

Examine the above named as to her/his fitness for further studies/appointment

.....

Signature:
Designation

MEDICAL CERTIFICATE

Complete by medical officer

..... sex

M status

Physical status

Eyes

Chest

Lungs

Bp

Skin

ENT

Heart

6. P.A

LABORATORY INVESTIGATIONS

- 1. Stool
- 2. Urine
- 3. Widal test
- 4. VDRL
- 5. Hb
- 6. Other blood test (specify)

I have examined the above and considered that he/she is physical fit /unfit for appointment I studies.

Signature
Designation

DELETE AS NECESSARY