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SUJI SECONDARY SCHOOL

Operated by

NORTH EAST TANZANIA CONFERENCE OF THE SEVENTH DAY ADVENTIST CHURCH

P. O. BOX 351, Same – Kilimanjaro Cell: +255765434991/0756779195/0714574426

Website: www.sujisec.ac.tz. Email: info@sujisec.ac.tz.

FORM FIVE APPLICATION FORM FOR ADMISSION 2023/2024

INTRODUCTION

Suji High School is a Seventh – Day Adventist church owned co-education and boarding school located in Same district, Kilimanjaro. The school offers both ordinary and advanced level education. The school is operated by the North East Tanzania Conference (NETC). Suji High School is found in serene environment about 18 kilometers from Makanya (Arusha – Dar es salaam main road)

IMPORTANT

Return this form duly filled together with the following items:

1. A photocopy of birth certificate:
2. Two recent photographs of the student with school uniform (white shirt)
3. Results transcript from previous school / authenticated NECTA results
4. This is a Christian school operated under the Seventh Day Adventist church which takes all students regardless of their ethnic origin, location, language, religion, ethnicity, or any other status. Therefore, all students who join this school shall:
 - Attend all worship sessions as scheduled in the school timetable without missing.
 - Study divinity subject
 - Rest and worship on the Sabbath day according to the bible (from Friday sunset to Saturday sunset)
5. The office is open for registration from Sunday to Friday. No any registration to be done on Saturday.
6. The school academic year will begin on JULY 3rd, 2023.

FORM FIVE APPLICANTS FOR THE ACADEMIC YEAR 2023/2024

ENTRY CLASS: FORM _____ Year _____

COMBINATION REQUESTED	NECTA RESULTS: Exam No. _____ Year _____ School _____	
1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____	SUBJECTS SAT FOR CSEE	GRADE
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
10.		
DIVISION:-	POINT(S)	
COMBINATIONS AVAILABLE	PCB, PCM, PGM CBG, ECA, EGM, HGE, HGL, HKL, HGK	

FOR ALL APPLICANTS

STUDENT'S FULL NAME: (AS REGISTERED FOR FORM FOUR NATIONAL EXAM)

_____ GENDER__ (F/M) RELIGION_____
First Name Middle Name Last Name

BIRTH DATE: _____ PLACE OF BIRTH (District) _____ NATIONALITY: _____

PARENT'S/GUARDIAN'S NAME: _____ OCCUPATION: _____

TELEPHONE: _____ ADDRESS: _____

DETAILS OF PREVIOUS SCHOOL(S) ATTENDED BY THE APPLICANT

NAME OF THE SCHOOL(S)	FROM - TO (YEAR)	CLASS/FORM
1.		
2.		
3.		
4.		

A. SCHOOL FEES STRUCTURE AND THE MODE OF PAYMENT

The school fees for boarding students are TZS 2,500,000/= per year while for Day scholars is TZS 1,960,000/= to be paid in four instalments.

MONTH	BOARDING	DAY
JULY	1,100,000	825,000
SEPTEMBER	350,000	350,000
JANUARY	700,000	435,000
MARCH	350,000	350,000
YEAR TOTAL	2,500,000	1,960,000

NOTE: The fees will include, Sponge mattress 2.5 ft, 10ltrs Bucket for washing and bathing, two trousers for boys and two skirts for girls, two sweaters, two t-shirts and two ties for boys and one scarf for girls.

All payments should be made through the BANK. The details are as follows:

1. NAME OF THE BANK : NATIONAL MICROFINANCE BANK
(NMB). NAME OF THE ACCOUNT : SUJI SECONDARY SCHOOL
ACCOUNT NO. : 40503500068

OR

2. NAME OF THE BANK : CRDB
NAME OF THE ACCOUNT : SUJI SECONDARY SCHOOL
ACCOUNT NO. : 0150447102400

NOTE: SCHOOL FEES ONCE PAID IS NON-REFUNDABLE

B: SCHOOL UNIFORMS AND OTHER REQUIREMENTS:

A student is required to come at school with the following items or cash to buy the items from the school shop:

S/N	ITEMS	PRICE
1.	Black / Blue blanket	10,000
2.	Bed Sheets [Pink color 3 pcs]	10,000@
3.	Towel and Pillow case	12,000
4.	Food utensils (plate, bowl, cup and spoon)	5,000
5.	Tranker (we prefer wooden tranker)	20,000
6.	Personal properties (toothpaste, brush, tooth brush ,soap etc.)	

C: During reporting time you will come while you put on the following clothes: boys - dark blue trouser & white shirt / girls: dark blue skirt & white shirt and also you have to come with the following items.

BOYS	GIRLS
<ul style="list-style-type: none"> One Black Trouser [suit material ▪ Two White shirt long sleeve's (tetron) One Dark blue Trouser [suit material] ▪ Two White T-shirt or yellow. ▪ Flat black shoes with leather straps Black coat (suit material) ▪ Black track suit ▪ Black jacket and Black pull neck ▪ Two pairs of black socks ▪ One pair of white rubber shoes (for sports & games) 	<ul style="list-style-type: none"> One Black skirt (long skirt up to an ankle) [Rinda box style] Two White long sleeve's shirt (tetron) ▪ One Dark blue Skirt (long skirt up to an ankle) [Rinda box style] Two White T-shirt or yellow ▪ Flat black shoes with leather straps ▪ Black coat (suit material) ▪ Red track suit. ▪ Black jacket and White pull neck ▪ Two pair of white socks ▪ One pair of Rubber shoes (for sports & games)

N.B: No any other cloth/uniform will be allowed apart from the mentioned items above.

VERY IMPORTANT: EACH STUDENT HAVE TO COME WITH A SCIENTIFIC CALCULATOR EXCEPT HKL TAKERS. For PCB and CBG takers have to come with **DISSECTION KIT** while all Science students have to come with **LABORATORY COAT**

DECLARATION

I declare that the above information is true and correct. I understand that any false declaration traced any time, including the child's stay at the school, could result in the immediate removal of the child from the school or meet payments of penalties caused by it. I understand that the school is operated by the Seventh Day Adventist church. Therefore, I will follow all the rules and regulations believed and followed by the SDA church and the ministry of Education, Science and Technology.

Signature _____ Relationship _____ Date _____

The school academic year will begin on 3rd JULY 2023.
You are warmly welcome for the excellence in wholistic education





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MEDICAL EXAMINATION FORM

Name of Student _____ sex (M/F) _____ Age _____

RE: MEDICAL EXAMINATION

The subject above refers.

Please, before reporting to school go to Regional or District Hospital for the diagnosis of the following diseases/healthy problems: -

1. Typhoid
2. Asthma
3. Tuberculosis (TB)
4. HIV/AIDS
5. Yellow fever
6. Sickle – cell
7. Any physical disability (eyes, etc.)
8. COVID 19
9. Pregnant Test (ladies)

Doctor's Name, Signature, Stamp

Date