

ASSUMPTER DIGITAL SCHOOL

P.O BOX 21494 – DAR ES SALAAM
Mobile No. 0753694697/0783852736
 Email: assumpterdigital@gmail.com



Location:
 Bahari Beach
 Madaba Street
 Karibu Na Nyumba
 Za Ikulu – Kunduchi

PASSPORT SIZE

FOMU HII INAUZWA TSH. 10,000/= TU

FOMU YA KUJIUNGA NA SHULE – (JOINING INSTRUCTION FORM) 2024

A. UTANGULIZI

- Ndugu mzazi/mlezi wa
- Napenda kukujulisha kuwa mwanao amechaguliwa kujiunga na darasa la
- Hongera kwa kuchaguwa kujiunga katika shule yetu ya Assumpter Digital.
- Shule hii ni ya Bweni na Kutwa Wavulana na Wasichana , na inapokea wanafunzi wa " lower primary" kuanzi Day care (baby class) awali I – II(nursery) , na Darasa la I – VII.

B. MAELEZO YA MWANAFUNZI

- i. **Jina (Majina matatu)**.....
(Majina matatu kama yalivyo kwenye cheti cha kuzaliwa. Kwa herufi kubwa)
- ii. **Tarehe ya kuzaliwa**.....
- iii. **Dini** :..... **Dhehebu**
- iv. **Kiwango cha Elimu anachojiunga.** (Weka alama ya vema darasa analoomba kujiunga)
 1. Baby class –Day care.....
 2. Awali " I"..... au Awali "II".....
 3. Msingi: Darasa la I..... II III.....IV.....V.....VI..... VII.....
- v. **Jinsia (Me/Ke)**.....
- vi. **Ataishi: Bweni/Boarding**.....au **Kutwa/Day**..... (Weka alama ya Vema)
- vii. **Namba ya cheti cha kuzaliwa pamoja na nakala yake**

C. TAARIFA ZA WAZAZI/ WALEZI

- i. **Jina la baba mzazi /Mlezi**.....
- ii. **Namba ya simu baba**
- iii. **Kazi ya mama Mzazi/ mlezi**
- iv. **Jina la mama mzazi /Mlezi**
- v. **Namba ya simu ya mama**
- vi. **Kazi ya baba Mzazi/ mlezi**
- vii. **Anuani ya Nyumbani Mkoa** **Wilaya**
- Tarafa** **Kata**
- Mtaa** **S.L.P**
- vii. **Namba ya cheti/kitambulisho cha NIDA cha mzazi (Baba)**

D. ADA YA SHULE**1. WANAFUNZI WA KUTWA**

DARASA	ADA KWA MWAKA	AWAMU YA 1	AWAMU YA 2	AWAMU YA 3	AWAMU YA 4
BABY CLASS	1,300,000	325,000	325,000	325,000	325,000
AWALI- NURSERY	1,300,000	325,000	325,000	325,000	325,000
DARASA LA I-III	1,500,000	375,000	375,000	375,000	375,000
DARASA V-VI	1,600,000	400,000	400,000	400,000	400,000
DARASA LA IV	1,727,500	1,000,000	362,500	362,500	-
DARASA LA VII	1,800,000	1,000,000	400,000	400,000	-

2. WANAFUNZI WA BWENI (BOARDING)

Ada kwa wanafunzi wote wa bwani ni milioni tatu tu (Tsh. 2,800,000/=) ada hii italipwa kwa awamu Nne tu kama ifuatavyo:

ADA KWA MWAKA	AWAMU YA 1	AWAMU YA 2	AWAMU YA 3	AWAMU YA 4
2,800,000/=	700,000	700,000	700,000	700,000

E. MAHITAJI YA MWANAFUNZI NA SHERIA ZA SHULE**1. MAHITAJI YA KUTWA**

- i. Tablets (kuanzia darasa la iii) 300,000/=
- ii. Sare za shule 150,000/=
- iii. Vyombo 15,000/=
- iv. Rim Paper: (Rim moja kuanzia darasa la kwanza hadi la 6)
: Darasa la VII - (Rim 2 kwa mwaka)
- v. Stationary (vitabu na madaftari)

2. MAHITAJI WA WANAFUNZI WA BWENI

- i. Tablets (kuanzia darasa la iii) 300,000/=
- ii. Sare za shule..... 150,000/=
- iii. Vyombo..... 15,000/=
- iv. Shamba dress pair mbili..... 40,000/=
- v. Godoro
- vi. Mashuka pea 2(blue bahari kwa wavulana & pink kwa wasichana)
- vii. Ndoo moja
- viii. Sanduku imara la bati
- ix. Vifaa vya usafi binafsi
- x. Aje na fedha zake za matumizi yaani (pocket money) Tsh. 20,000/= kila muhula

ZINGATIA KWA UMAKINI MKUBWA.

- MALIPO YOTE YA ADA YALIPWE KUPITIA BENKI YA CRDB - ACCOUNT NO. **015C622964800**, JINA LA AKAUNTI **ASSUMPTER DIGITAL NURSERY AND PRIMARY SCHOOL.**
 - LETE “PAY IN SLIP “SHULENI ILI UPEWE RISITI.
- MALIPO YA USAFIRI, SARE NA VYOMBO YALIPWE KUPITIA BANK YA CRDB ACCOUNT NO. **0150283160300** JINA LA ACCOUNT **ASSUMPTER NSHUNJU MSAHAMA**
- SARE ZA SHULE ZINAPATIKANA SHULENI, MZAZI/MLEZIATALIPIA KAMA ILIVYOELEKEZWA KWENYE FOMU HII.



MEDICAL EXAMINATION FORM
To be completed by Medical Officer only

Full name: _____

Age: _____ Year: _____ Sex: _____

1. Haemoglobin
2. P.V BLEEDING
3. Urine examination.....
4. Asthma.....
5. Stool examination.....
6. Skin diseases.....
7. Leprosy.....
8. Epilepsy.....
9. Pulmonary Tuberculosis
10. Deformity
11. Mental health
12. Diabetes Mellitus.....
13. Hypoglycaemia
14. Widow test
15. Major Operation
16. Peptic Ulcers (P.U)
17. Scrotal pain and swelling.....
18. H.I.V Test.....
19. (a) Sight.....
(b) Hearing

20. Additional information or any other physical, mental, hereditary or infections disease.
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(Please state nature of treatment)

I certify that the above-mentioned student has been examined and found him/her to be fit/unfit to pursue further education (Delete whichever not needed)

.....
DESIGNATION

.....
SIGNATURE

.....
DATE