****ARUSHA INTERNATIONAL OPEN SCHOOL

REG (USAJILI) NO: IAE/OS/0639

PO BOX 12892-ARUSHA

**+255755210950/+255745944071**

**Email: arushaintern@gmail.com**

**APPLICATION/ ADMISSION LETTER 2023/ 2024 ACADEMIC YEAR**

**NAME/NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAMME OF STUDY PREFERRED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(A, B, C OR D)**

**COMMENCEMENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTENDED YEAR OF COMPLETION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITIZENSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STUDENT VISAS ARE PROVIDED FOR FOREIGN STUDENTS ACCORDING TO THE LAW)**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTRY OF BIRTH……………………… CITY………………………………..**

**ADRESS………………………………………. PHONE NO………………………..**

**EMAIL…………………………………………. NEXT OF KIN……………………**

**PHONE NO OF NEXT OF KIN…………………………………**

**CONTACT PERSON……………………… PHONE NO……………………….**

**RELIGION: IF ANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( WE ARE A MULTIDENOMINATIONAL INSTITUTION)**

**ADMISSION DETAILS**

**I AM GLAD TO INFORM YOU THAT YOU HAVE BEEN GIVEN AN OPPORTUNITY TO JOIN OUR SCHOOL FOR ANY PROGRAMME OF YOUR CHOICE AS INDICATED BELOW.**

**CHOOSE ANY OF THE PROGRAMMES BELOW**

1. **NECTA O LEVEL FORM 1 & 2**
* **FEES: 600000/=(SIX HUNDRED THOUSAND) PER ACADEMIC YEAR.**
* **EXAM FEES: AS DETERMINED BY NECTA**
* **ONE REAM OF PHOTOCOPYING PAPER.**
* **15,000/= FOR T-SHIRT.**
* **6,000/= FOR CLEANING GUDGETS.**
* **UNIFORM:** (LONG SLEEVED WHITE SHIRT/SKIRT AND DARK GREEN TROUSER / SKIRT ILIOKOLEA) OR100,000/-(ONE HUNDRED THOUSAND)
1. **BRITISH INTERNATIONAL CAMBRIDGE PREMEDICAL COLLAGE PROGRAMME.(IGCSE)**

**SPECIALLY DESIGNED AND SELLECTED PROGRAMME FOR STUDENTS WISHING TO GET THE PREREQUISITE GRADES TO ENABLE THEM JOIN MEDICAL COLLAGES FOR NURSING, CLINICAL OFFICERS, MIDWIFERY MEDICAL LABORATORY STUDIES**

* FEES: FEES: 1000000/= (ONE MILLION) PER ACADEMIC YEAR.
* 600000/= (SIX HUNDRED THOUSAND) FOR HALF A YEAR
* EXAM FEES: 120 USD PER SUBJECT OFFEREDINCLUSIVE OF THE EXAM CENTER FEES OF 100USD.
* ONE REAM OF PHOTOCOPYING PAPER.
* 15,000/= FOR T-SHIRT.
* 6,000/= FOR CLEANING GUDGETS.
* UNIFORM(LONG SLEEVED WHITE SHIRT/SKIRT AND DARK GREEN TROUSER / SKIRTILIOKOLEA) OR 100000/-(ONE HUNDRED THOUSAND
* **C. BRITISH CURRICULUM CAMBRIDGE OR EDEXCEL**

THIS IS FOR STUDENTS WISHING TO OFFER THE INTERNATIONAL O LEVEL GCE, INTERNATIONAL GENERAL CERTIFICATE OF SECONDARY EDUCATION( IGCSE), ADVANCED SUBSIDIARY( AS) OR THE A LEVEL PROGRAMME.

FEES:

GCE O LEVEL:1,500,000/=**(ONE MILLION AND FIVE HUNDRED THOUSAND)**

IGCSE:1,500,000/=**(ONE MILLION AND FIVE HUNDRED THOUSAND)**

* EXAM FEES: 120 USD PER SUBJECT OFFEREDINCLUSIVE OF THE EXAM CENTER FEES OF 100USD.

AS & A LEVEL: 1,800,000/= (ONE MILLION AND EIGHT HUNDRED THOUSAND)

170 USD PER NON-PRACTICAL SUBJECT AND 220 USD PER PRACTICAL SUBJECT.

* UNIFORM. ( LONG SLEEVED WHITE SHIRT/SKIRT AND DARK GREEN TROUSER / SKIRTILIOKOLEA) OR 100,000/-(ONE HUNDRED THOUSAND)

**D, FORM FIVE AND FORM SIX NECTA**

**THIS IS FOR QUALIFIED STUDENTS WHO HAVE THREE CREDIT PASSES AT O LEVEL AND WOULD LIKE TO PROCEED TO SIT FOR THE FORM 6 EXAMS**

**IT IS A ONE OR TWO YEARS PROGRAMME DEPENDING ON THE INTEREST AND ABILITY OF THE STUDENT**

* **FEES:** 8000000/=(EIGHT HUNDRED THOUSAND) PER ACADEMIC YEAR.
* EXAM FEES: **AS DETERMINED BY NECTA**
* ONE REAM OF PHOTOCOPYING PAPER .
* 15,000/= FOR T-SHIRT.
* 6,000/= FOR CLEANING GUDGETS.
* UNIFORM . ( LONG SLEEVED WHITE SHIRT/SKIRT AND DARK GREEN TROUSER / SKIRTILIOKOLEA) OR 100000/-(ONE HUNDRED THOUSAND)

FOREIGN STUDENTS PAY AN EXTRA 200000/-( TWO HUNDRED THOUSAND TANZANIA SHILLINGS EACH.

**PAYMENTS TO BE THROUGH ACCOUNT NO: 40810094339. ACCOUNT NAME: OPEN SECONDARY EDUCATION( NMB)**

Yours

…………………………

DIRECTOR OF STUDIES

**RULES AND REGULATIONS**

1. Students must respect school administrators , teachers , fellow students and other staff.
2. .All students must dress decently while in and outside of the school
3. Students should not engage in any form of fighting or immoral behavior.
4. Students should ensure that they don’t miss lessons.
5. The school center does not take responsibility for any irresponsible actions of students.
6. Students should make sure they understand that this is a school for MATURE people So, each one takes responsibility for his/her actions and the law of the land will be followed in case of gross misconduct.
7. Students will not be allowed to use phones in a way that interferes with the learning process.
8. .SCHOOL FEES ONCE PAID WILL NOT BE REFUNDED IN CASE OF VOLUNTARY TERMINATION OF STUDIES BY THE STUDENT OR EXPULSION DUE TO INDISCIPLINE.

**PARENTS/GUARDIANS PHOTO STUDENTS PHOTO**

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I have read the rules………………………………………………………

Parents sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ students sign ---------------------------

**ARUSHA INTERNATIONAL OPEN SCHOOL**

**MEDICAL EXAMINATION FORM**

To be completed by a Government Medical officer in respect of all new students:

Students Full Name: ..……………………………………………………………………………………………………............

Age:……………………………………………………………………………………………………………………………………………

Blood count(Red and White Blood Cells)…………………………………………………………………………………..

Stool Examination:……………………………………………………………………………………………………………………

T.B………………………………………………………………………………………………………………………………………………

Typhoid Test:…………………………………………………………………….…………………………………………………………

Eye Test:……………………………………………………………………………………………………………………………………

Ears Test:……………………………………………………………………………………………………………………………………

Chest:…………………………………………………………………………………………………………………………………………

Spleen:……………………………………………………………………………………………………………………………………

Additional Information e.g. Physical Defects or Impairments, Infections, Chronic or family diseases, etc:……………………………………………………………………………………………………………………….………

Health problems which need consideration e.g. Asthma

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

I certify that the above is FIT/UNFIT to pursue further education as stated above

Signature:……………………………………………………………………………………………………………………………………

Designation:…………………………………………………………………………………………………………………………………

Station:………………………………………………………………………………………………………………………………………

(Return this form to school once it has been filled by a medical officer)

**MEDICAL OFFICER’S OFFICIAL STAMP HERE**