

INSTITUTE OF ADULT EDUCATION



DEPARTMENT OF DISTANCE EDUCATION

APPLICATION FORM FOR REGISTRATION OF AN OPEN SCHOOL

PART A: To be filled by the owner of the Open School

1. PRELIMINARY INFORMATION

i.	Name of the Open School:	
ii	Address:	
iii	Office telephone number:	
iv	Mobile phone number:	
v	Email address:	
vi	TIN number(attached copy)	

2. OWNERSHIP

i	Name of the owner:	
ii	Address of the owner: Institution	
iii	Email address:	
iv	Mobile phone number:	

3. LOCATION OF THE OPEN SCHOOL

i	Region:	
ii	District/Municipality:	
iii	Ward:	
iv	Street/Village:	
v	Plot/house number:	

4. SUBJECTS OFFERED

1.		6.		11.	
2.		7.		12.	
3.		8.		13.	
4.		9.		14.	
5.		10.		15.	

5. PHYSICAL INFRASTRUCTURE

S/n	Item	Number
i	Number of classrooms	
ii	Number of offices	
iii	Number of female toilets	
	Number of male toilets	
iv	Number of desks	
	Number of chair	

S/n	Item	Available	Not Available
i	Laboratory		
ii	Library		
	- Main library		
	- Mini library		
	- Reading room		

6. TEACHING AND LEARNING MATERIALS

S/n	Item	Available	Not Available
i	Non formal syllabi for each subject		
ii	Reference books		
iii	ODL modules for each subject		

7. NUMBER OF LEARNERS (If applicable)

Stage	Form	M	F	Total
Stage I	Form I			
	Form II			
Stage II	Form III			
	Form IV			
Stage III	Form V			
	VI			

8. NUMBER OF TEACHERS/FACILITATORS AND THEIR QUALIFICATION

S/n	Name	Qualification eg.	Teaching Subjects eg History Geography

9. ADMINISTRATIVE STUCTURE OF THE OPEN SCHOOL

S/n	Title/Position	Available	Not Available
i	Manager /Supervisor		
ii	Academic Coordinator		
iii	Counselor		

10. REGULATIONS TO APPLICANT

- i. Application and evaluation fee (Non- refundable) of **TShs 150,000/=** will be paid through bank at the **Institute of Adult Education Regional Centre’s Bank Account**.

- ii. Registration fee will be paid after the open school has been evaluated and recommended for approval by Regional Resident Tutor. The registration fee of **TShs. 150,000/=** should be paid through bank **account number 09103005343** at National Bank of Commerce (NBC) Kichwele Branch. The name of account is **Institute of Adult Education, National Correspondence**. (The original bank pay slip should be attached in this form)

- iii. You will be obliged to pay Coordination fee of **TShs. 20,000/=** per student per annum. This amount will be paid at the Institute of Adult Education, Regional Centre’s Bank Account.

NB: The rates are amenable to changes from time to time depending on operation cost.

11. DECLARATION TO APPLICANT

I declare that the information given above is complete and correct to the best of my knowledge I have read and agree to adhere to the standards and regulations set which govern the registration of Open Schools.

Name of owner..... Signature.....

Date:

Official Stamp

12. PART B: To be filled by Regional Resident Tutor

I recommend this Open School be approved/suspended/rejected (Attach the inspection report)

Resident Tutor’s: (Name) Signature:

Date:

Official Stamp