

## JOINING FORM

**Student Name:** Twahir Soud  
**Date of Birth:** 2025-02-14  
**Gender:** M/KE  
**School Name:** Mwanza Secondary  
**Year of Joining School:** 2019  
**Class:** form-4

### Parent/Guardian Information

**Parent/Guardian Name:** TWahir  
**Parent's Address:** Arusha  
**House Number:** 20  
**Parent's Phone Number:** 255696471630  
**Additional Parent Contact (Optional):** hakuna  
**Form Submission Date:** 2025-02-14  
**Form Submission Date (for record):** 2025-02-20

### Parent's Commitment

**Parent's Commitment Statement:** sawa

**Parent's Signature:**



NB: All payments should be made to Islamic Bank PBZ ACCOUNT NO: 0726551001

Account Name: AB Higher Career Academic Ltd