

ADMISION FORM

SECTION A

CHILD/STUDENT PERSONAL INFORMATION (as it appears in Birth Certificate/Passport)			
	First Name	Middle Name	Surname
	Date of Birth(DD/MM/YY)	Place of Birth	Nationality
	Physical Address	Gender	Other Nationalities (If any)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENTAL/GURDIAN INFORMATION		
First Name	Physical Address	
Occupation	Mobile No:	Email Address
What relationship do you have with the above student/Child? -----		
EMERGENCY CONTACTS: This is to be referred immediately incase the above Contant(s) are busy not reachable		
Name: -----		
Address: -----		
Relationship to the Child: -----		
Mobile no: -----		
Email: -----		

NOTE: Parents please be advised that the school will only allow the above contact persons to pick up the children; if at all there are any other individuals assigned to pick them up, the school should be notified in advance and they are to show their I.Ds for verification at the gate. Child safety is our priority.

SECTION B

EDUCATION AND ACADEMICS INFORMATION			
Grand entry level	Age	Grade entry level	Age
<input type="checkbox"/> Creche (Kg 1)	2-3 Years	<input type="checkbox"/> Infants (Lower & Upper)	5-7 Years
<input type="checkbox"/> Nursery (Kg 2)	3-4 Years	<input type="checkbox"/> Juniors (Lower & Middle)	7-9 Years
<input type="checkbox"/> Reception (Kg 3)	4-5 Years	<input type="checkbox"/> Juniors (Upper & Seniors)	9-11 Years
<input type="checkbox"/>		<input type="checkbox"/> Seniors	11<
Previous schooling history: Please provide the necessary information of the last school you attended (if there's any)			
School name	City/Country	Language of Instruction	
Contact address of the school		Email of the school or Head of school	
Please state the reasons for leaving: (attach the necessary documents i.e. leaving certificate)			
Proposed date of entry	Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined		
	Confirmation of admission (Head of School Sign)		
How did you find out about us?			

SECTION C

MEDICAL HISTORY FORM			
Conditions/symptoms	Yes	No	Supporting information
1. Does your child experience any physical, emotional or cognitive difficulties?			
2. Does your child carry any personal medication to school?			
3. Does the student have any allergies?			
4. Is there any other condition that should be known?			

Please indicate all immunizations given/ administered to the student

Immunization	Year	Immunization	Year
<input type="checkbox"/> Polio <input type="checkbox"/> DPT <input type="checkbox"/> MMR <input type="checkbox"/> Tetanus <input type="checkbox"/> HIB		<input type="checkbox"/> Meningitis <input type="checkbox"/> Havrix D <input type="checkbox"/> Hep B <input type="checkbox"/> Yellow fever <input type="checkbox"/> BCG	

Personal Doctor's Information (Highly recommended)

Full Name	Hospital/ clinic	Physical address
Email address	Mobile No:	Work phone No.

Medical Insurance Card (if any)

EMERGENCY CONTACTS: This is to be referred immediately incase the parent's contact(s) are busy/not reachable.

Name: _____

Address: _____

Relationship to the Child: _____

Mobile no: _____

Email: _____

DECLARATION

Name of the person completing this application form (delete as appropriate)

Title: Mr/Miss/Mrs

First Name: _____ Other: _____

Surname: _____

Relationship to the Child: _____

- I declare that all information I have given is correct and true. I understand that false or fraudulent information may result in my child losing their school place.
- I have checked that all those with parental responsibility are in agreement with the information presented on this form.

Signature: _____

Date: _____

Dear Parents and Guardians,

As part of the school's Social Media pages and other publications, the school would like to use images of students which reflect their positive participation in school activities, be that drama, sport, academic or community involvement, to name but a few areas.

Tanzania is a signatory to the United Nations Convention on the Rights of the Child. The right to privacy, care and protection of the child is part of the Convention. The legal section included in the letter means that we at F.K. International School are taking this issues seriously.

For this purpose, we require parental permission to use such images of minors on the School's Social Media pages, future editions of our prospectus and any newsworthy articles wellbeing of your child and all our students at heart and that this request for permission serves both your and our interests positively.

We would be grateful if you could please complete the permission slip below and return it to School with your child as soon as possible.

If you have any questions or concerns regarding this which you would like to discuss with us, please feel free to do so.

Yours Sincerely

Mr **Humphrey J. Kiuruwi**
The Principal
F.K. International Schools.

Returning for filing - Consent:

I understand that F.K. International School may, at their discretion, take moving or still images of my child/ children during participation in the School's programmed events. I hereby give my consent, where this happens, for these images to be used on the School's website and Social Media pages, prospectus and newsworthy publications as appropriate with due diligence by the School and/or Company.

Please tick the appropriate statements:

I agree to the above _____ **Under no circumstances should images be used** _____

Name of Parent/ Guardian: _____ Name of child/children: _____

Signature: _____ Date: _____