



**FARES KISINGO INTERNATIONAL SCHOOLS**

P.O.Box.31183, Dar es salaam, Tanzania, Tel: +255 752011030 | +255 758011030  
 Web: [www.fkschools.sc.tz](http://www.fkschools.sc.tz) | Email: [primary@fkschools.sc.tz](mailto:primary@fkschools.sc.tz) | [fksecondaryoffice@fkschools.sc.tz](mailto:fksecondaryoffice@fkschools.sc.tz)  
[Instagram/Facebook: @fkintschool](https://www.instagram.com/fkintschool)  
 Registration number: DS/02/7/034 and DS.02/7/EA/024

**SECTION A**

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

PARENT/ GUARDIAN INFORMATION		
<b>Full Names (Both Parents)</b>	<b>Physical Address</b>	
<b>Occupations</b>	<b>Mobile Numbers</b>	<b>Email Addresses</b>

**EMERGENCY CONTACTS: This is to be referred immediately in case the above contacts) are busy/not reachable.**

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Email : \_\_\_\_\_

**NB: Parents please be advised that if at all there are any other individuals assigned to pick up the child apart from the ones listed above, 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			
Grade entry level	Age	Grade entry level	Age
<input type="checkbox"/> Creche (KG 1)	2-3 yrs	<input type="checkbox"/> Lower Primary (Year 1 & Year 2)	5-7 yrs
<input type="checkbox"/> Nursery (KG 2)	3-4 yrs	<input type="checkbox"/> Upper Primary (Year 3, 4, 5 & 6)	7-11 yrs
<input type="checkbox"/> Reception (KG 3)	4-5 yrs		
<b>Previous schooling history:</b> Please provide necessary information of the last school that the child attended (if there is any)			
<b>School name</b>		<b>City/Country</b>	<b>Language of Instruction</b>
<b>Contact address of the school</b>		<b>Email of the school or Head of school</b>	
<b>Please state the reasons for leaving: (attach the necessary documents i.e. leaving certificate)</b>			
<b>Proposed date of entry</b>		<b>Status:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
		<b>Confirmation of admission (Head of School's Signature)</b>	

**NB: DOCUMENTS TO BE ATTACHED PRIOR TO REGISTRATION:**

- i) Copy of leaving certificate from previous school
- ii) Progress report from previous school
- iii) Copy of child's birth certificate or passport
- iv) One recent passport size picture

**SECTION C**

<b>MEDICAL HISTORY FORM</b>			
<b>Conditions/symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Supporting information</b>
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**

<b>Immunization</b>	<b>year</b>	<b>Immunization</b>	<b>year</b>
<input type="checkbox"/> Polio		<input type="checkbox"/> Meningitis	
<input type="checkbox"/> DPT		<input type="checkbox"/> Havrix D	
<input type="checkbox"/> MMR		<input type="checkbox"/> Hep B	
<input type="checkbox"/> Tetanus		<input type="checkbox"/> Yellow fever	
<input type="checkbox"/> HIB		<input type="checkbox"/> BCG	
<b>Personal Doctor's Information (Highly recommended)</b>			
Full Name	Hospital/ clinic		Physical address
Email address	Mobile No.		Work phone No.

<b>Medical Insurance Card (if any)</b>
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**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.
- How did you hear about the F.K International Schools?
  - Search engine (Google)
  - Social media (Instagram, Facebook)
  - Website
  - Recommended by an FK Parent/Guardian/Teacher
- I would like to nominate the following person \_\_\_\_\_ as being responsible for introducing me to FK International Schools.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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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 it drama, sports, academics or community involvement.

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 form means that we at F.K. International Schools are taking this issue 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 by having the 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,  
F.K. International Schools Management.

.....  
**Consent:**

I understand that F.K. International Schools may, at their discretion, take moving or still images of my child 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:.....

Signature:.....

Date:.....