

P.O.Box.31183, Dar es salaam, Tanzania, Mob:+255 745 554477
Web: www.fkschools.sc.tz,www.facebook.com/fkinternationalschools, Email: fkschools@gmail.cominfo@fkschools.sc.tz,Instagram:@fkintlschool

Registration number: S.1345

SECTION A

CHILD/STUDENT PERSONAL INFORMATION (as it appears on Birth Certificate/ Passport)				Certificate/ Passport)		
DI . / (65 I)	First Name		Middle Name		Surname	
Photo (affix here)						
	Date of birth		Place of Birth		Nationality	
	(DD/MM/YY)				reactionancy	
	, , ,					
	Physical Address		Gender		Other nationalities (if any)	
					(ii diiy)	
			Male	Female		
	PARFNT/	GUARE	DIAN INFOR	MATION		
Full Na			<i></i>	Physical <i>A</i>	Addresses	
Occupation	s	Mobile Numbers:		:	Email Addresses	
ENAUDCENCY CONTACT	F. This is to be used in		atalı in aası	a tha abaya a	contacts are busy/pat	
EMERGENCY CONTACT: This is to be used immediately in case the above contacts are busy/not reachable.						
Name:					<u> </u>	
Address :						
Relationship to the chi	ld:					
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.



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SECTION B

EDUCATION AND	DEMICS INFORMATION	ON			
Grade entry level		Age			
☐ IGCSE (Year 10 & 11)		11 – 14 years 14 – 16 years 16 – 18 years			
Previous schooling history: Please provide necessary information of the last school that the student attended (if there is any)					
		Country	Language of Instruction		
Please state the reasons for leaving: (attach the necessary documents i.e. leaving certificate)					
Proposed date of entry		Status: Accepte	ed Declined		
		Confirmation of adr Signature)	nission (Head of School's		

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



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SECTION C

	MED	OICAL HIS	TORY	/ FOF	RM			
Conditions/symptoms		,	Yes	No	Supporting	info	rmation	
1.	Does your child experience any physic	al,						
	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 shou	ld be						
	known?							
	e indicate all immunizations given/ ad							Yeai
	munization	ministere Year		mur	nization			Year
				mur Me				Year
	munization Polio			mur Me	nization ningitis rrix D			Year
	munization Polio DPT			Me Hav Hep	nization ningitis rrix D			Year
 	munization Polio DPT MMR Tetanus HIB	Year	Im	Me Hav Hep	nization ningitis rrix D o B ow fever			Year
 	munization Polio DPT MMR Tetanus	Year	Im	Me Hav Her Yell	nization ningitis rrix D o B ow fever			Year
Im	munization Polio DPT MMR Tetanus HIB	Year	Im	Me Hav Her Yell BCC	nization ningitis rrix D o B ow fever	ŀ	Physical address	
Im	munization Polio DPT MMR Tetanus HIB rsonal Doctor's Information (Highly rec	Year	Im	Me Hav Her Yell BCC	nization ningitis rrix D o B ow fever		Physical address	
Im	munization Polio DPT MMR Tetanus HIB rsonal Doctor's Information (Highly rec	Year	Im	Me Hav Her Yell BCC	nization ningitis rrix D o B ow fever	ŀ	Physical addres:	
Im Description	munization Polio DPT MMR Tetanus HIB rsonal Doctor's Information (Highly rec	Year	Im	Me Hav Her Yell BCC	nization ningitis rrix D o B ow fever		Physical address Work phone No	S
Im Pe Ful	munization Polio DPT MMR Tetanus HIB rsonal Doctor's Information (Highly rec	Year commend Hospital/	Im	Me Hav Her Yell BCC	nization ningitis rrix D o B ow fever			S

Medical Insurance Card (if any)	



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			DE	CLARATION			
Name of t	the person compl	eting this a	pplication	form (delete as a	ppropriate)		
Title: Mr/	Miss/Mrs						
First Nam	e:			Other:			
Surname:							
Relations	hip to the Child: _						
ir • I p	nformation may re have checked that resented on this fow did you hear and Search enged Social med	esult in my it all those form. about the F gine (Google lia (Instagra	child losing with parer .K Internate) im, Facebo		ce. are in agre		
• 1	would	like	to	nominate	the	following	person
FI	K International Sc			as	nemg respo	insible for introdi	acing me to
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	d events. I hereby give my consent, where this happens,
for these images to be used on the school's web	site and Social Media pages, prospectus and newsworthy
publications as appropriate with due diligence b	y 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: