

SECTION A

CHILD/STUDENT PERSONAL INFORMATION (as it appears on Birth Certificate/ Passport)			
Photo (affix here)	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	

PARENT/ GUARDIAN INFORMATION		
Full Names	Physical Addresses	
Occupations	Mobile Numbers:	Email Addresses
EMERGENCY CONTACT: This is to be used 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	
<input type="checkbox"/> Lower Secondary (Year 7, 8 & 9)	11 – 14 years	
<input type="checkbox"/> IGCSE (Year 10 & 11)	14 – 16 years	
<input type="checkbox"/> A level (Year 12 & 13)	16 – 18 years	
Previous schooling history: Please provide necessary information of the last school that the student attended (if there is any)		
School name	City/Country	Language of Instruction
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's Signature)	

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

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"/> 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	
Personal Doctor's Information (Highly recommended)			
Full Name	Hospital/ clinic		Physical address
Email address	Mobile No.	Work phone No.	

Medical Insurance Card (if any)

SECTION D

SERVICES REQUIRED	YES	NO	OTHER INFORMATION
1. Breakfast			
2. Lunch			
3. Transport (Area & Street name)			
4. Extracurricular (PLEASE SPECIFY)			

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: _____

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.

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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:.....