



Application for Admission

1. Student Information

Student's Name _____
First Name Middle Name Family Name

Preferred Name if different from above

Gender: Female Male Date of Birth _____
Day Month Year

Place of Birth _____ Nationality _____

If the student is not Tanzanian, please ask for the additional form regarding their passport and immigration status after acceptance to the school.

Age at time of Admission: _____
Years Months

Grade Level on entry: Nursery Reception Year 1 Year 2 Year 3
 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9

Will your child be a day or boarding student? Day Boarding

Will your child need transport (Karatu, Rhotia or Njia Panda)? Yes No

2. Language

Language used most frequently at home _____

Number of years your child has attended a school
in which English is the language of instruction: _____

Number of years learning English as an additional language: _____

Level of English (if not language used most frequently at home):

Beginner Intermediate Advanced

3. Student' Education Information

Please list the last three schools which the student attended starting with most recent

Name of school	Type of Curriculum	Years Attended	STD/ Grade	Language of Instruction

Do you have other children enrolled at our school?

Yes No

If yes please list their names and grade level (year): 1) _____

2) _____ 3) _____

4. Family Information

Father

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Place of Birth: _____ Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

Profession: _____

Current Employer: _____ Position/Job Title: _____

Mother

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Place of Birth: _____ Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

Profession: _____

Current Employer: _____ Position/Job Title: _____

Guardian (Emergency Contact)

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

General

Students lives with: _____

Fees

If parents are not solely responsible for paying school fees please explain the details of any arrangements (for example parents' employer, private sponsor, NGO, etc.):

6. Medical Information

All Information is kept confidential

Does the student have any medical problem of which we should be aware of? i.e., heart condition, diabetes, asthma, allergies, etc.

In cases of asthma, epilepsy, etc, please give date of last attack:

Is the student currently taking any medication on a regular basis? Yes _____ No _____

Please provide the name(s) of the medication:

Will the student need to take this medication while at school? Yes _____ No _____

Does the student have a history of previous medical concerns or surgery? Yes _____ No _____

Please provide details:

Does the student have any known allergies? Yes _____ No _____

If yes, please name allergies:

Symptoms that student has experienced during an allergic reaction are:

Has the student ever suffered an allergic reaction that has caused him/her to experience breathing difficulties, dizziness, fainting, or shock? Yes _____ No _____

Provide details:

Has the student ever had need of oral (tablet or liquid) or injectable medication for an allergic reaction?

Yes _____ No _____

.

Please rest assured that if the students in need of assistance for a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/guardians until successful. **The school will never ask for any payment to be send prior to needed medical treatment.**

Please use this space to list any comments or concerns, or anything else you want us to know about the student.

By submitting this application I agree that all information is accurate.

Name of parent

Date

Signature of parent

Please submit this form along with the following documents:

- Two passport-type photos
- Copy of Birth certificate (for Tanzanians)
- Passport (required only for non-Tanzanians)
- If the student suffers from any medical condition please attach a full medical report
- Most recent school reports (all candidates except Nursery/Reception)
- 30,000/= non refundable application fee

Upon receipt of your complete application we will contact you with a date and time for admission test and interview.

After assessment/interview we will contact you to communicate the offer of a place and confirmation of the class/year group.

Student name: _____

To be completed by the school:

Interview date: _____

Offer made date: _____

Applicaton fee paid: Yes No

Confirm academic year and month of joining: _____

For the School Administrator

Student file complete (per requirements above)

Student added to google sheet

Student added to all internal lists

Student email created (Year 4 and up)

Student set up on libib