



Application for Student Enrolment

| Student | Please complete all fields, write clearly. |
|--|--|
| Surname or Family Name: | |
| Full Name on Birth Certificate/ Passport: | |
| Preferred Name (What does your child like to be called at school?): | |
| Date of Birth: | DD MM YYYY |
| Gender: | Male Female |
| Country of Birth: | |
| Nationality, Tribe: | |
| Passport Number: | |
| Languages spoken at home: | |
| Special things we should know about your child (likes, dislikes, fears, behaviors, character, etc): | |
| Child's relevant medical conditions: (allergies, special dietary needs, medication, limitations, etc) | |
| Previous School (Name, and Location): | |
| Siblings: (Name, gender, current school and age of each) | |

DATE RECEIVED:

Schedule Assessment

Acceptance letter sent

Waitlist letter sent

Other



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| Page 2- Parent Info | Complete all fields, write clearly please. Page 2 of 2 |
|--|---|
| Father's Full Name (First, Last) | |
| Name on Birth Certificate/Passport: | |
| Occupation: | |
| Father's residential address: | |
| Contact/Cell phone: | |
| Whatsapp Number: | |
| Email address: | |
| Preferred Contact (circle all that apply) | <div style="display: flex; justify-content: space-around; text-align: center;"> Phone Email SMS –TZ Phone Whatsapp </div> |
| Mother's Full Name (First, Last): | |
| Occupation: | |
| Will an employer or another third party contribute to or pay your school fees? | YES: ____ NO |
| Mother's residential address: | |
| Contact/Cell phone: | |
| Email address: | |
| Whatsapp Contact: | |
| Emergency Contacts (someone other than family member, if possible): | In-country Name: _____ Relationship: _____ Contact phone: _____ Whatsapp: _____ DOCTOR: _____ TZ Phone # _____ |