

Attach Student's Photo

INTERNATIONAL SCHOOL OF ZANZIBAR

P. O. Box 1787, ZANZIBAR, TANZANIA

MOBILE: 0777 477 053

E-MAIL: info@isz.co.tz

www.isz.co.tz

Application for Admission

A: Personal Details

Enrolment Date: _____

- 1) Student's Name: _____ Family Name (as per passport): _____ Sex: _____
- 2) Date of Birth: _____ (Date/month/year) Country of Birth: _____ Nationality: _____
- 3) First language: _____ Other languages spoken: _____
- 4) Parent/Guardian's Name: _____
- 5) Home Address: _____ Postal Address: _____
- 6) Telephone: _____ Fax: _____ E-mail: _____
- 7)

Name of Sibling	Age	Name of Sibling	Age	Name of Sibling	Age
1)		4)		7)	
2)		5)		8)	
3)		6)		9)	

- 8) Name of Contact person in case of emergency: _____
Relationship to student: _____ Telephone No: _____
- 9) Expected duration of stay in Tanzania: _____
- 10) Who does your son/daughter already know at the ISZ.? _____
- 11) How did you find out about ISZ?
(A) Friends (B) Relatives/Siblings (C) Internet(school website) (D) Facebook (E) School Staff
(F) In-flight magazine (Precision/Kenya Airways) (G) Embassies (H) Word of Mouth
(I) Other _____

B: Previous Schooling

Please give information about your son/daughter's previous schooling:

Year Attended Grade Completed Name of School Address of School Email address Phone No.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Copy of student's last school report attached : YES/NO

Did your child receive any special education/ counselling services at your last school? _____

If yes, please explain what the services were and for how long: _____

C: Student Assessment and Grade Placement:

Student entry assessment and placement:

The school reserves the right to assess students prior to enrolment, based on the student's previous school records and school attended. Generally students who come from accredited international schools or approved

state schools should be able to enroll with their age appropriate peers.

Students with Special Educational Needs:

Students who have moderate learning difficulties, minor sensory or physical impairments and mild adjustment difficulties will be assessed prior to admission.

Students with severe learning difficulties, autism, extreme sensory and physical impairment, severe conduct disorder and serious medical conditions such as chronic diabetes and severe epilepsy will be admitted to the school if suitable arrangements can be made for supervision, both in class and in the playground.

D: Medical Information

Son/daughter's Name: _____ I have provided a copy of birth certificate: Yes/No

Is your son/daughter fully immunised against: Tetanus: Yes/No

Poliomyelitis: Yes/No

Measles: Yes/No

Please, record any other immunisations: _____

Other Health Problems (Asthma, sight, hearing, eczema etc) _____

Name of son/daughter's doctor: _____

Address of Practice/PhoneNo: _____

Some staff members have had training in **FIRST AID** procedures. However, in the case of an emergency – our normal procedure is to contact parents/guardians and the school's recommended doctor.

I have included proof /copy of immunisation record: Yes/No.

Parent/Guardian Signature: _____ Date: _____

C: Financial Information

Payment of fees:

Student fees must be paid prior to the beginning of the academic year (i.e. September).

OPTION 1: Fees paid a year in advance will qualify for a 5% discount.

OPTION 2: Fees may be paid by Term as per the Fee Structure Notice in advance of the start of each term.

Students will not be admitted to school unless fees have been paid prior to the beginning of the term. Fees will only be refunded if at least two months notice is given.

1. I understand that the fees due are inclusive of Tuition Fees, Capital levy and Registration.
2. I agree to pay these fees annually/by term in advance.
3. I understand that if a full term is not completed there will be no refund of fees unless notice has been given.
4. I understand that my child cannot attend school until all fees have been paid.

I give my permission for my son/daughter to be taken on short educational visits, which may incur minimal costs and agree that the school is not responsible for any injury or accident which may occur whilst my child is attending such an educational excursion.

Name of Parent/Guardian:: _____ Student's Name: _____

I have read and understood and agree to all of the above financial conditions of my child entering The International School of Zanzibar.

Signed: _____ Date: _____

For OFFICE USE ONLY:

Documents Received:

- a. _____ Copy of student passport
- b. _____ Copy of student Birth Certificate
- c. _____ Copy of Student Immunisation Records
- d. _____ Copy of student reports from previous school(s) attended
- e. _____ Student records have been reviewed by Head/Key Stage Coordinator
- f. _____ Student has been assessed and recommended Year Placement is: _____
- g. _____ Student/parent information has been entered on the school data system