



**IRINGA INTERNATIONAL SCHOOL  
BOARDING FORM**  
(To be filled by Parent/Guardian)

**Boarder's details:**

Name: .....

Age: .....

\*Passport Number :.....

.....  
\*Passport holders should submit passports to Boarding Supervisor for safekeeping.

**Parents' Names:**

Father:..... email address: .....

Mother:..... email address: .....

Guardian:..... email address: .....

Home address:.....

In case of emergency please contact:

Name: .....

**Phone:**.....

Address: .....

**Medical:**

What health/medical insurance coverage does the child have?

.....

Does the child have a Medical evacuation policy? .....

If so, would you wish the boarding supervisors to contact them immediately in cases of extreme emergency, or would you rather be contacted first?

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If you authorize the boarding supervisors to contact the medi-vac services first, please write their full details (Company name, contact person, **current** telephone number:)

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Please indicate in detail any/all chronic health problems, including allergies to specific medications, foods and environmental factors:

**KINDLY NOTE:** IIS will not take responsibility for failure on the part of parents/guardians to supply clear and detailed information of their child's chronic illness(es) together with supplying all medication for any and all chronic illnesses, with clear instructions on how to administer them. These should be handed over to the Boarding Parent.

Parents will be billed for any medical attention needed for their child while here.

A photocopy of the boarder's Medical Report covering all shots and vaccines received to date is required together with this form.

Which malaria medication do you wish your child to receive:

.....

**Religion:**

Which religious services would you like your child to attend, if any?

.....

Do you agree to allow your child to attend religious Youth Groups or other activities held outside IIS?

Yes/No I would like to be contacted before permission to attend such activities is granted.

**Social:**

Are there any particular issues concerning your child that the school should be informed of? If so, please indicate in detail below, or on a separate sheet:

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**Food:**

What foods, if any, are strictly forbidden or life-threatening to your child? These include religiously forbidden or allergy/intolerance inducing foods.

1- Religiously forbidden:.....

2- Allergy inducing:.....

3- Intolerance inducing:.....

**Pocket Money:**

If your child is allowed pocket money, please state below whether weekly or monthly, and how much. The full sum should be deposited at the school with the Administration in exchange for a receipt. This should be paid in advance per term or per full year. You will receive an itemised report on how the money is given out. We recommend no more than Tsh 5000 per week.

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What would you wish your child to spend his/her pocket money on/or not?

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Would you like your child's birthday to be celebrated while boarding? If so, please give a budget estimate for expenses needed, which will be taken out of the pocket money deposited with the school. You will receive a detailed breakdown of the expenses.

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**Declaration:** I, ....., hereby declare that all the information I have supplied to Iringa International School on this form is the accurate and factual.

Signature.....Date.....

\_\_\_\_\_

**Boarding Visitation**

To avoid disruption of studies, boarders should not receive more than one family visit per month. Please list below any relative whom you authorize to visit your child during the school year. Any visitor should inform the boarding parent at least 24 hours before arriving at the boarding house.

Child's name: \_\_\_\_\_

Family visitors authorized:

Name	Relationship to Child