

IRINGA INTERNATIONAL SCHOOL

APPLICATION FOR ADMISSION

I/We (name of parent(s)) _____ hereby apply for my/our son/daughter to be enrolled as a pupil at the Iringa International School commencing from _____

1. **Full name of the child**.....
(Family) (First) (Other)

Name to be used in school _____ Gender: boy/girl

2. **Date of Birth** _____ **Place Birth** _____

3. **Full name of parents/guardians:**

Father _____ Mother _____

4. **Nationality:** Pupil _____ Father _____ Mother _____

Passport No. Pupil.....

Father.....Mother.....

5. **Contacts (Please put a * by the number school should use for regular communication)**

Home telephone: _____

Cell phone: _____

(Father)

(Mother)

Work phone: _____

(Father)

(Mother)

Email: _____

Permanent Address in home country _____

Residential Address to be used for regular communication from the school _____

6. **Occupation of parent(s):**

Father: Employer/Type of employment _____

Duration of employment _____

Mother: Employer/Type of employment _____

Duration of employment _____

7. **Immigration status of parents:**

Resident Permit Class _____

Expiry date _____

8. **Religion (optional):** Family _____ (and denomination)

9. **Language(s) spoken at home:**

By Pupil: _____

Father: _____

Mother: _____

Knowledge of English: FluentFair.....None.....

Other languages previously studied at school _____

10. Schools previously attended:

Name of school, Date, Class, Language of instruction.

11. Has your child ever received special assistance at another school for language or learning disability? If yes, please explain. _____

12. List of **special interests** and hobbies of pupil _____

13. In which country is he/she likely to have his/her secondary education? _____

14. Probable length of stay in this school _____

15. Names and ages of other children in the family:

16. **Full name of person responsible for the child** _____

If different from parent info in No. 5, please list:

Residential Address _____

Phone No _____

Business Address _____

Cell Phone No _____

Email: _____

17. Do you get school fees refunded? Yes/No

If so, state how much per child per month or year _____

We know that school fees are due on or before the first day of each school term and certify that all information given is true and correct.

Date: Signature:

Note:

Please return one complete form per child to the school, together with a photocopy of the (1) Child's birth certificate (2) Health records (3) Official papers from previous school with full academic and personality report.

You will be notified in writing if your application is rejected.

OFFICIAL USE:

Head teacher's recommendation _____

Class teacher's recommendation _____

B.O.D resolution _____

Date _____