

KWANZA INTERNATIONAL SCHOOL

P.O. BOX 34133, DSM. TEL. NO: 2771961

APPLICATION FOR ADMISSION 2020 – 2021

Application for Standard: _____

CHILD'S DETAILS		
First Name:	Middle Name:	Surname:
Date of Birth:	Sex:	
Nationality:	Religion	
Area of Residence:		Street
Postal Address:		
Previous School(s) Attended:		
FATHER:		
Name:		
Occupation:		
Place of Work:		
Telephone Home:	Work:	Mobile:
MOTHER:		
Name:		
Occupation:		
Place of Work:		
Telephone Home:	Work:	Mobile:
OTHER DETAILS:		
Name of Brother(s) or Sister(s)	Age	School
Name: _____ Signature: _____ Date: _____		
This is only an application form: It does not guarantee you a seat.		
<u>For the office use only.</u>		
Date of Admission _____ Comments: _____		

NB: Please return the application forms with:-

(i) A copy of the birth certificate.

(ii) 2 passport size pictures.

The application will not be complete without the above.

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MEDICAL INFORMATION FORM

SCHOOL YEAR 2020 / 2021

Students Name:	Standard:	Birth date:
Your local physician:	location	Telephone No:
Where we can locate parents in medical emergency:		Telephone No.
Neighbour / friend we may call if you are not at home:		Telephone No.
Parents place of employment and location		Telephone No.

Does your child have a problem with any of the following? Explain.

Sight: _____ glasses: _____ contacts _____ need bear board _____

Asthma: _____ after exercise: _____ routine location: _____

Hearing: _____ one / both ears hearing and _____ no need to be near teacher: _____

Allergies _____ Explain: _____

Medical allergies: _____

Kidney/bladder problem: _____

Medical exclusion or limitation from physical activities? (Please provide letter from medical professional for exemption of limitation).

What is your child's blood group? _____

Please list any serious illness your child has had and dated. _____

Does your child have diagnosed disability? Explain. _____

The above information is an accurate medical history of _____

By _____ Parent / Guardian

Kwanza International School strongly urges parents to provide the school with an in loco parentic form to have a file in case of medical emergency students are taken to TMJ Hospital but parents pay all costs.

KWANZA INTERNATIONAL SCHOOL

IN LOCO PARENTS FORM

_____ parent of _____

Hereby authorize Kwanza International School; to be in loco parents, in case of medical emergency.

Date: _____

Signature: _____

Contacts:

Child / ren's name: _____

Parent / guardian's name: _____

Physical address: _____

Telephone No. Home _____ Work: _____ Mobile: _____

Who to call if the parents are not available:

Mr. / Mrs. / Ms. _____

Physical address: _____

Telephone No. Home _____ Work: _____ Mobile: _____

Any special information:
