



REGISTRATION FORM

DATE OF ADMISSION:

CHILD'S NAME:

DATE OF BIRTHDAY: AGE:

GENDER:

NATIONALITY:

LANGUAGE SPOKEN AT HOME:

ADDRESS:

FATHER'S NAME:

MOTHER'S NAME:

OCCUPATION:

TELEPHONE NUMBER LANDLINE:

TELEPHONE NUMBER WORK:

E-MAIL ADDRESS:

EXPECT DURATION OF STAY IN TANZANIA:

WHO DOES YOUR SON/DAUGHTER ALREADY KNOW AT KINS?:

HOW DID YOU FIND OUT ABOUT KINS?

FRIENDS	RELATIVES	INTERNET	
SCHOOL STAFF	WORD OF MOUTH	FACEBOOK	

OTHERS:.....

PARENTS / GUARDIAN'S SIGNATURE:



EMERGENCY CONTACT DETAILS

NAME:

RELATIONSHIP:

TELEPHONE NUMBER:

NAME:

RELATIONSHIP:

TELEPHONE NUMBER:

LIST THE ADULTS AUTHORIZED TO COLLECT YOUR CHILD FROM SCHOOL

1. 2.

3. 4.

MEDICAL HISTORY

ANY MEDICAL CONDITION:.....

.....

.....

ANY ALLERGIES:

FOODS TO AVOID:

VACCINATION TO DATE:

FAMILY DOCTOR IN ZANZIBAR:

TP NO (LAND LINE): MOBILE (S):

ANY KNOWN LEARNING CHALLENGES:

.....

If your child has attended a School prior to KINS, please provide a copy of their most recent progress report from their former school/teacher. Samples of work would also be beneficial.

PARENTS / GUARDIAN'S SIGNATURE:



CONSENT NOTE

1. In the event of an accident requiring medical attention, when parents or emergency contacts are unavailable, he /she will be given emergency medical treatment. Please tick your choice below.

I agree

I do not agree

2. I give my permission for my son / daughter to be taken on school educational visit, including educational beach outings, 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 educational excursion. Please tick your choice below:

I agree

I do not agree

3. I give permission for the school to publish photographs and videos of my child on to school related webpages, including but not exclusive to the school website and Facebook. Please tick your choice below:

I agree

I do not agree

4. I give permission for the school to use my child's image on school marketing materials, such as school brochures, leaflets and flyers. Please tick your choice below:

I agree

I do not agree

NAME OF PARENT / GUARDIAN:

SIGNATURE OF PARENT / GUARDIAN: