

ST. CONSTANTINE'S INTERNATIONAL SCHOOL

PO Box 221, Arusha, Tanzania

Tel: +255 27 250 3696

Email: enquiries@scis.sc.tz

Web: www.scis.sc.tz

**Application for Admission**

STUDENT INFORMATION (as it appears in Passport/Birth Certificate)				Adm#
First Name	Middle Name	Last Name/ Family Name		Photo (affix here)
Preferred name		Nationality		
Date of Birth (i.e. 6 Jan 2009)	Gender		Age at point of admission (year/months)	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Town and Country of birth:				

Grade level on entry - please check one:	Preferred Campus (Lower Primary only)	Proposed entry date
Lower Primary <input type="checkbox"/> Nursery <input type="checkbox"/> Reception <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 Upper Primary <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 Lower Secondary <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 Upper Secondary <input type="checkbox"/> IGCSE <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> A levels <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 13	<input type="checkbox"/> Town Campus <input type="checkbox"/> Main Campus If spaces in your preferred campus are not available, would you accept placement in our other campus? Please note that once students are enrolled in one campus, transfers are made under extenuating circumstances only. <input type="checkbox"/> Yes <input type="checkbox"/> No	(Write month and year only) <input type="checkbox"/> Day student <input type="checkbox"/> Boarding student

Previous Schooling History: please list the last three schools which the student attended previously, starting with the most recent				
Grade-level		School Name	City/Country	Language of instruction
From	To			

Enter the name, phone number and email address of the homeroom teacher/Head of School from the last school attended by the student:

Has the student ever received Special Needs educational accommodation or assessment? (e.g. impaired speech/vision/hearing/dyslexia, or anything that you feel may impede his/her learning). If yes, kindly attach a document with further information.

☐ Yes ☐ No

FAMILY CONTACT INFORMATION: Please fill in all fields for <u>BOTH</u> parents, in BLOCK CAPITALS, marking N/A where applicable		
Relationship to student:	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
First name:		
Family name:		
Nationality and Passport Number:		
Phone – mobile:		
Phone – home:		
Phone – work:		
Email address:		
Residential address:		
Postal address:		
Home country address (if applicable):		
Current Employer:		
Position/Job title:		
Will your employer pay towards the school fees? <input type="checkbox"/> No <input type="checkbox"/> Yes - % contribution _____		

EMERGENCY CONTACT INFORMATION: We will always try to contact parents/guardians first. Please provide secondary emergency contact information which would be used only in the event that we are unable to reach you:	
Full name: _____	Mobile phone: _____
Relationship to student: _____	Home Phone: _____
Email address: _____	Work phone: _____

GENERAL	
Student lives with	
Family composition including parents/guardians	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more

Do you have other children enrolled in our school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please write their names and current grade level (year) below: 1) _____ 2) _____ 3) _____
What is the primary language spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Kiswahili <input type="checkbox"/> Other: _____
Family religion	_____
Is either of you a former SCIS student? If yes, please write the years when you attended SCIS	_____

Declaration by Parents

This school recognizes that some students may have needs that require special consideration. In these cases partnership between the school and parents plays a key role in enabling children to achieve their potential. For this reason you are asked below to inform the school of key information which you hold about your child.

We would therefore be grateful if you would assist us by completing the following information. You may wish to include further details in a separate letter. The information you provide about your child will be treated as confidential. It will only be used to consider any reasonable adjustments that the school may need to make if your child has a learning or physical disability.

Does your child have an identified disability and/or learning difficulty? Yes/No

(e.g. impaired speech/vision/hearing/dyslexia, or anything that you feel may impede his/her learning).

If yes, please give details _____

Do you suspect that your child may have a disability and/or learning disability? Yes/No

If yes, please state your concern. _____

PLEASE NOTE THAT IT IS REQUESTED TO INFORM THE SCHOOL IN WRITING OF ANY CHANGES TO FAMILY AND EMERGENCY CONTACT AND MEDICAL INFORMATION. CHANGES MUST BE SENT BY EMAIL TO info@scis.sc.tz

Declaration and Conditions of Entry at St. Constantine's International School

Involvement

Parents/guardian, as far as practically possible, agree to be active partners with the school in their son/daughter's education at SCIS. They will, wherever possible, attend parents' days, information evenings, etc. and agree to attend meetings about their child when requested by the school. Parents are also expected, wherever possible, to show support for school events.

Uniform

All students are expected to attend school wearing the appropriate and well-fitted uniform, and conform to school rules in this and all other respects.

Exclusion

If the Headmaster, upon enquiry, satisfies himself that any student has committed a grave offence or is willfully or persistently unsuited to their course, the Headmaster may, if he thinks fit, remove or exclude such a student or request the parent to remove him or her from SCIS. The school's behavior policy will be used.

School fees

By admitting your child to SCIS, you consent to the School at any time making enquiries of your child's current or previous schools for confirmation that all sums due and owing to such school (s) have been paid and you consent to the School informing any other school or educational establishment to which you propose sending your child if any fees of this School are unpaid. You also consent to the School making reasonable enquiries about your financial means in appropriate circumstances.

Payment of Fees

Payment policy for school fees to SCIS :

1. Parents/Guardians are responsible for paying all school fees at the correct time, but the school will furnish the Parents/Guardians with an accurate invoice. Parents/Guardians may ask for an invoice at any time.
2. Any outstanding debt from the previous year must be paid off before a student is enrolled for the forthcoming academic year.
3. Fees for each upcoming term must be paid in full, on or before the stated payment date which will be supplied to Parents in advance.
4. Any Parent with outstanding debts from the previous term will not be allowed to enroll their son/daughter for the next term until the fees are paid.
5. Wherever possible, the School will find an amicable way forward with a Parent/Guardian regarding school fees owed. However, in the event of the school fees remaining unpaid, the school retains the right to take legal action, through a debt collector or advocate, to recover said fees that are due.
6. Information on financial matters such as discounts for early repayment and sibling discount may be found on the school website or can be requested from the Accounts office. Invoices will show where discounts have been applied.

Cancellation or withdrawal

One full term's notice in writing addressed to the Head of School is required to cancel acceptance of a place at the school or to withdraw a student from the School. If such notice is not given a term's fees in lieu of notice will be immediately due and payable.

Your signature will confirm that you will not cancel your acceptance of this place or withdraw your child from the School without first giving one term's written notice or paying a term's fees in lieu of notice.

Current and previous schools

Except as disclosed in a confidential letter attached to this acceptance form, please confirm that your child has not been withdrawn from or been asked to leave another school as a result of misconduct and is not under investigation and has not been convicted of any criminal offence.

Court orders

Where you are separated or divorced you are requested to inform the School of this. Also, by reading and signing this, you declare that you have disclosed all court orders or criminal proceedings in relation to your child and all court orders, criminal proceedings, statutory demands or bankruptcy petitions relating to either parent (including any court orders relating to financial matters). You are required to disclose any subsequent court orders, criminal proceedings, statutory demands or bankruptcy petitions to the School.

Medical matters

Please attach in confidence all relevant information about any medical condition, health problem, or allergy which affects your child and/or which may prevent your child from taking a full part in the School's academic and games or sports curriculum and outdoor activities.

Media Release Permission

If you have any objection to your child's photograph appearing on school displays, audio and video-tape and/or quoting your child and his/her school work for non-commercial school related purposes, please write to the Head of Primary/Secondary stating your objection. This includes printed media, the Internet and all other forms of digital media, including social media specific to the School.

By reading this, you accept that your child's photograph may appear on School displays, audio and video-tape, printed media and the School website, as appropriate. You understand that this media consent will be valid for the duration of your child's time at St. Constantine's. If you wish this to change, please write to the Head of Primary or Head of Secondary, as appropriate.

Data protection

I/We consent to the School (through the Headmaster as the person responsible) obtaining, using and holding personal data including sensitive personal data such as medical information, to be processed lawfully and fairly in accordance with the laws of Tanzania, for the purposes of safeguarding and promoting the welfare of my/our child and ensuring that all relevant legal obligations of the School and ourselves are complied with.

Educational visits and transport

I/We consent to my/our child taking part in educational visits which do not involve an overnight stay, travel overseas or hazardous activities. I/We consent to the student travelling by any form of public transport and/or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type.

Signatures of the Parents

It is important that all those who have legal responsibility for the student sign below.

Confirmation of declaration

I/We confirm that the declarations made on this application form are true and that I/we have disclosed all information required in the declaration. I/we understand and agree that the School has the right to terminate this contract for educational services immediately if any declaration is found to be untrue.

First signature
Name In full
Relationship to the child
Date
Second signature
Name In full
Relationship to the child
Date
Head of Primary / Secondary signature:
Date

Please submit this form along with the following documents:

- ☐ Two passport-type photos
- ☐ Copy of birth certificate and Passport (if applicable)
- ☐ Medical information sheet (attached)
- ☐ If student suffers from any medical condition please attach a full medical report.
- ☐ Most recent school report (all candidates except Nursery applicants)
- ☐ \$25 non-refundable application fee
- ☐ Recommendation letter from current teacher (**for Secondary students only**)

Upon receipt of the application we will contact you with a date and time for admissions test and interview.

After assessment/interview we will contact you to communicate the offer of a place and confirmation of class/year group.

To be completed by the school:

Information from Head of Primary / Secondary / Town Campus:	For the School Secretary to complete:	For the Accounts Department to complete:
INTERVIEW DATE:	Student file completed (see requirements above): <input type="checkbox"/>	Student file given to Accounts Dept. <input type="checkbox"/>
OFFER MADE DATE:	Student added as an applicant in iSAMS: <input type="checkbox"/>	Invoice sent <input type="checkbox"/>
\$25 paid in cash (circle): Y / N	Enrolment pack scanned and uploaded: <input type="checkbox"/>	File returned to School Secretary from Accounts Dept. <input type="checkbox"/>
Confirm Academic House (circle): A D O S	Parent portal information sent to parent: <input type="checkbox"/>	
Confirm Academic Class:	Email address created (Y5 and above): <input type="checkbox"/>	
Confirm Personal Tutor:	Purple Mash login set up (Primary Only): <input type="checkbox"/>	
Head of Prim / Sec / TC Signature (confirming the above):	Student set up as library patron: <input type="checkbox"/>	
	School Secretary Signature (confirming the above):	
Form returned to Head of Primary / Secondary / Town Campus (Signature & Date):		

St. Constantine's International School Medical Form

NAME OF STUDENT: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

DAY TIME CONTACT: _____

ALTERNATIVE CONTACT IF ABOVE IS NOT AVAILABLE:

NAME: _____

PHONE: _____

Name of Medical Insurance Plan: _____

Medical Insurance No.: _____

1. Please note any health problem, physical handicap, emotional difficulty, behavioural problem, or facts which may limit full participation in the classroom.

2. Student's immunization shots are current:

BCG (Tuberculosis) ☐

Polio ☐

Rota (Diarrhoea) ☐

PCV (pneumonia) ☐

Penta (whooping cough also for hepatitis) ☐

MR (Measles-Rubella) ☐

All those above are for children below 5 yrs.

Tetanus toxoid – 6 years and above ☐

Vitamin A and Mebendazole - 6 m - 5 yr old. ☐

3. Student suffers from (tick as appropriate):

___ asthma

___ sensitive skin

___ sleepwalking

___ nosebleeds

___ ear ache

___ sinus trouble

___ convulsions

___ high blood pressure

___ fainting

___ frequent colds

___ headache

___ motion sickness

___ tonsillitis

___ nightmares

___ bed-wetting

___ allergies (describe:)

___ eye infection

___ bronchitis

___ kidney problems

.....

4. Student wears glasses ☐ or contact lenses ☐

5. Dietary Requirements:

6. Name of Medication(s) and purpose:

.....

In case of emergency, I hereby give permission to the physician selected by the school to provide necessary treatment for my child.

Parent/Guardian signature.....

Date.....