

(Please fill out form in block letters/computer)

Start date: _____

(To be filled out by school)

Student Information

Full Name: _____

Birth date: _____ Nationality: _____
day month year

Any particular health condition/disability/diagnosis the school should be aware of:

Allergies / Food restrictions: _____

Regular medications: _____

Name of insurance company the student is covered by: _____

Nb! Note that in any emergency situation the Nordic School will always use IST clinic.

Does your child have Tetanus vaccine? Yes No

Does your child have BCG vaccine? Yes No

Parents/Guardian Information

Parent/Guardian ICE 1 (In Case of Emergency):

Full Name: _____ Phone nr in TZ: _____

Email address: _____

Parent/Guardian ICE 2 (In Case of Emergency):

Full Name: _____ Phone nr in TZ: _____

Email address: _____

Billing Parent: _____

Physical Address in Dar es Salaam: _____

Employer's Name: _____

Will the school's fee be subsidized by any organisation: Yes _____ No

Name of the organisation

The Nordic School

Email: Office: mail@nordicschool.net

Phone: +255 777 007 160

Student is applying for:

1. Pre-school (open 7.30-16.00):

Kidogo (1-3 yrs) The child will be picked up at: 12.00 14.00 16.00

Kubwa (3-6yrs) The child will be picked up at: 12.00 14.00 16.00

2. After school (open 13.00-16.30)

Full time (5days/week)

Part time (3days/week: Tuesday, Wednesday & Thursday)

3. Language classes

Please request separate admission form for language classes

Permissions

On field trips arranged by the school, my child is allowed to travel in a car accompanied with the Nordic School's employees or other parents: Yes No

(If you would like your child to use a child seat, bring one to the school one day prior to the trip)

Pictures taken at school may be used for publications Yes No

Phone numbers & Email addresses may be shared with other people connected to the Nordic School Yes No

Nordic Sports Club

Would like optional Nordic Sports Club Family Membership 100USD pr. year Yes No

Parent's Name

Signature

Date

The Nordic School

Email: Office: mail@nordicschool.net

Phone: +255 777 007 160

Enrolment agreement between the Swedish School Society, SSS, (the Nordic School) and Parent

- *The SSS (the Nordic School) aspires to provide a safe, challenging and fun learning environment where children - aged 12 months - 15 years - take centre stage.*
- *Our pedagogical team's facilitation of the Nordic teaching principles, together with the close working relationship with parents, aim at enabling the children to achieve a holistic social, emotional and cognitive development.*

The parent has therefore agreed to the following:

1. I understand that the Swedish School Society (Nordic School) is a parent run school and it is expected that I, as a parent, participate and contribute to the children's and the School's development and learning.
2. I agree to support the School so that my child abides by the rules and regulations of the School.
3. I agree to support the Principles of the Nordic School as found on the School's website.
4. I agree to attend parent- teacher conferences, parent meetings, AGM and other meetings the school may convene about my child or the school.
5. I understand that the School, at times during the year, hosts an event to showcase the children's activities and I am expected to participate in support of my child.
6. I agree to pay tuition fees due to the School in accordance with the payment deadline or otherwise pay a penalty fee. If fees of the past term have not been paid at the beginning of the new term my child will not be permitted back at school and may risk losing their spot.
7. I agree to collect my child in accordance with the time slot selected for my child. In case I am unable to collect my child on time I will inform the teachers via phone. If the delay in collecting my child exceeds 3 times within 30 days and there has been no notification of such a delay, I shall expect to pay a fine to cover the extra hours worked by the teachers.
8. I understand that pictures of my child taken during school activities can be used for newsletters, publications and on the school's website unless I have otherwise notified the Headmaster during enrolment.

9. I permit my child to drive with teachers and other parents in case of an outing/fieldtrip unless I have otherwise notified the Headmaster during enrolment or at least a day prior to the outing.
10. I understand that an offer of a place is contingent on there being a seat available in the group into which the School deems acceptable for my child. School fees are charged from 1st day of attendance for new children and no reduction is made for previously enrolled children who may return late from holiday or take a long leave and want to keep his or her place.
11. I understand that the School reserves the right to determine the placement of my child in the group judged most appropriate for the individual child's development and age.
12. I understand that the cover for personal accident insurance or loss of personal possessions is my responsibility and that the School does not provide insurance for children taking part in school activities.
13. I understand that there may be fieldtrips or outings that are part of the school's programmes. I understand that the costs of these trips are outside the normal school fees. I agree to cover these extra costs along with my child's participation.
14. I understand that the School is entitled to use its discretion in suspending a child for a short or longer period of time as a result of unacceptable behaviour i.e. violence, vandalism or bullying and that the school fees will not be reimbursed for the lost time.
15. I understand that my child will be brought to IST clinic if he/she will need urgent medical attention. Any treatment or medication received at IST must be paid for by me, the parent.

*Note: it is important to declare all significant medical, behavioural and emotional problems that may affect your child's life at the School. The School must carefully assess whether it is able to provide adequate support to those needing special attention in relation to the stated issues.

Name of Student		Name of Person completing form	Relationship to Student
Signature:			Date