

## APPLICATION FORM

S. NO. \_\_\_\_\_ Student's Name \_\_\_\_\_

ADMISSION IN CLASS	TODDLERS	YEAR _____
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Thank you for your interest in Al Muntazir Toddlers and Day Care Centre as your *Partner in Education*. The school caters to all students without any discrimination on the basis of race, colour, ethnicity, national origin, religion, creed or gender.

This Application Form consists of:

1. Application for Admission
2. Medical Record Form
3. Parent Commitment Form

Kindly follow the guidelines below and submit the completed Application Form to the Administrative Office of the school, by \_\_\_\_\_.

### GUIDELINES:

1. All parts of this Application Form must be completed in BLOCK LETTERS.
2. Acceptance of this Application Form is not a commitment for Admission.
3. All prospective students will be required to appear for a Parental Interview. Details will be made available at the time of submission of this Application Form
4. The completed Application Form should be accompanied by the following:
  - a. 3 recent passport size photographs of the applicant [1 to be pasted on this form]
  - b. Copy of Birth Certificate of the child and both parents [Bring original for verification]\*
  - c. Copy of the Vaccination Card / Immunization Certificate [Bring original for verification]
  - d. Application fee of TShs. 20,000/- [Non-refundable]
  - e. Copy of the Immunization Card
  - f. For Foreign Nationals – A copy of the Residency Permit to be submitted.
5. All applicants must be accompanied by their respective Parents/ Guardians to attend the admission interview, which is an essential part of the admission process.

Paste a recent  
passport size  
photograph

\*Passport copies for the parents can be sufficient in the absence of copy of Birth Certificate

## APPLICATION FORM

### SECTION A STUDENT PROFILE

TO BE FILLED IN BY THE PARENT / GUARDIAN

Full Details For The Student Are Required Here

**1. STUDENT INFORMATION** (FILL IN BLOCK LETTERS). It is Mandatory to Fill All the Fields in ThisSection.

<b>Name in Full:</b> (As it appears in the Birth Certificate)	_____		
	[First Name]	[Middle Name]	[Surname]
<b>Date of Birth</b> (dd/mm/yy)		<b>Place of Birth:</b>	
<b>Nationality: *</b>		<b>Gender:</b>	
<b>Religion:</b>		<b>Sect/Community:</b>	
<b>Postal Address:</b>			
<b>E-Mail:</b>		<b>Telephone:</b>	
<b>Residential Address:</b> [Physical address In Dar-es-Salaam]			
<b>Permanent Address:</b> [If different from above]			

\* For Foreign Nationals – A copy of the Residency Permit to be submitted with the Application Form



AL MUNTAZIR  
ISO 9001:2015

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REVISION 4

## AL MUNTAZIR TODDLERS AND DAY CARE CENTRE

KSIIJ – CENTRAL BOARD OF EDUCATION

P.O.BOX 21735, DSM.

TEL: 0789451145

email: [unstoddlers@almuntazir.org](mailto:unstoddlers@almuntazir.org)

Website: [www.almuntazir.org](http://www.almuntazir.org)

### APPLICATION FORM

#### 2. FAMILY INFORMATION (FILL IN BLOCKLETTERS)

If the child is not living with either parents, please enter details of the Guardian.

	Father	Mother	Guardian (If Any)
Full Name:			
If guardian, relationship to the Applicant:	N/A	N/A	
Residential Address:			
Telephone Number (Residence):			
Telephone Number (Mobile):			
Telephone Number (Office):			
Profession:			
Business / Employment Address:			
Educational Institute Last Attended:			
Qualification:			
Nationality:			
E-Mail:			

Applicant lives with?  Father  Mother  Both  Other \_\_\_\_\_

Shade if appropriate:  Father Deceased  Parents Divorced  Father remarried  
 Mother Deceased  Parents Separated  Mother remarried

#### 3. LEGAL GUARDIAN DETAILS (FILL IN BLOCKLETTERS)

If the parents are divorced or separated, who has legal custody of the applicant (Please Specify)

Full Name:		
Relationship to the Applicant:	Residential Address:	Email Address:
Postal Address:	Telephone Number (Residence):	Telephone Number (Mobile):

## APPLICATION FORM

### 4. FAMILY PARTICULARS (FILL IN BLOCK LETTERS).

<b>Total Number of Siblings to the Applicant :</b>		
<b>Names of Siblings schooling at Al Muntazir Schools.</b>	<b>Age</b>	<b>Schooling At</b>

### 5. ORGANIZATIONAL INVOLVEMENT OF PARENTS

Please list all the social, political, charitable, professional organization which the parent(s) is part of:		
<b>Organization</b>	<b>Role</b>	<b>Purpose of the organization</b>

Attach the passport size photograph (Please do not staple the photo)

Father's Photo
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Mother's Photo
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Legal Guardian's Photo (if any)
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### 6. DECLARATION:

I/We understand and agree that:

- ✓ The details provided in this Application Form are true.
- ✓ Failure to disclose all necessary information on the application form; concealing pertinent information and/or altering documents, may result in either nullification of admission offered, or expulsion/withdrawal from the School, as per the case.
- ✓ Submission of this application does not automatically guarantee admission into the School. Admission is contingent on PREVIOUS ACADEMIC RESULTS, DISCIPLINE TRACK RECORD, ENTRANCE ASSESSMENT, ADMISSION INTERVIEW AS WELL AS AVAILABILITY OF ASEAT.
- ✓ The Management reserves the right to determine the placement of a student in the grade level judged most appropriate for the student's age and school experience.

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✓ **If my/our child/ward is granted admission to the school:**

- We will abide by the rules and regulations of the School.
- I/ We will make it compulsory for myself / ourselves to attend parent-teacher-student conferences and other meetings that the School may convene concerning my / our child.
- The cover for personal accident insurance or loss of personal possessions shall be my/our responsibility and that School does not provide insurance for students taking part in any of the School's activities.
- I / We understand that while the school shall be taking every precaution, I / We will not hold the school responsible for any accident, illness or loss of property sustained by my / our child during his/her time in school.
- My / Our child shall do all the subjects taught at school as the school has identified all the subjects important for the holistic development of the child.
- S/he shall have to participate in the Extra Curricular Activities / Field trips arranged/organized by the School.
- The School may use my child's educational profile, academic performance, results, achievements, photographs and personal information for educational planning, advertising, promotional and marketing purposes. I, along with my legal guardian(s) give this authority, completely and unconditionally, and indemnify the school, its management, teachers and staff from any recourse or claim, financially or otherwise. This authority shall continue unless expressly annulled by me or my legal guardian(s), in writing, and delivered to the school on a recorded basis.
- I / We shall express all my/ our feedback pertaining to the school activities to the head of the school. I am responsible and accountable to protect the image, sanctity and reputation of the school.
- I/We shall be duty bound to pay the fees on time and as per the payment schedule opted by me / us. I/We also understand and accept that if I / We fail to pay my / Our dues as declared, my / our child could be barred from attending school until such time that the outstanding amount has been paid.
- I/We understand that once admission has been granted, should there be a delay in the payment of the 1<sup>st</sup> Installment; the student's seat shall stand forfeited.
- I / We understand that fees once paid are not refundable.

*The final decision on all matters related to the School rests with the Central Board of Education (CBE). The CBE reserves the right to change/modify/amend any or all of its rules/regulations/policies/fees etc as per its discretion and without prior information to the students or the parents.*

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**FOR OFFICIAL USE ONLY:**

Admission No.	Admission Date:	Admitted in Form:
Remarks:		

\_\_\_\_\_  
SIGNATURE OF THE PRINCIPAL

\_\_\_\_\_  
DATE



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## APPLICATION FORM

### SECTION B:

### MEDICAL RECORD FORM

TO BE FILLED IN BY THE PARENT / GUARDIAN

The medical information is strictly confidential and will be used by the school to ensure the well being of your child and the school population.

#### 1: DEMOGRAPHICS (All Fields Are Mandatory)

Blood Group (Optional):		Gender:	M / F
Emergency Contact (Apart From the Parents and Guardian mentioned above):			
[Name]	[Relationship]	[Telephone]	
[Name]	[Relationship]	[Telephone]	
[Name]	[Relationship]	[Telephone]	

#### 2: MEDICAL HISTORY

	YES	NO	EXPLAIN (IF YES)/MEDICATION
1. Does your child have Asthma?	[ ]	[ ]	_____
2. Did your child have any fractures in the past?	[ ]	[ ]	_____
3. Does your child have Epilepsy?	[ ]	[ ]	_____
4. Does your child have any allergies?	[ ]	[ ]	_____
5. Does your child have any visual problems?	[ ]	[ ]	_____
6. Does your child have any ear problems?	[ ]	[ ]	_____
7. Does your child have any speech problems?	[ ]	[ ]	_____
8. Is there any family history TB?	[ ]	[ ]	_____
9. Is there any family history of bleeding disorder?	[ ]	[ ]	_____
10. Is there any family history of hypertension, heart disease or diabetes?	[ ]	[ ]	_____
11. Does the child have any blood disorders	[ ]	[ ]	_____
12. Any other information about your child's health? (other significant illness, accidents, operations done, limitations and medication). Please Attach the Dr's Report.			

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Tel: \_\_\_\_\_



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**Immunization:** Use  OR  where applicable **(Please Attach Immunisation Card if available)**

Polio  BCG  DPT  Most Recent Tetanus Date: \_\_\_\_\_  
Measles  Mumps  Rubella  Hepatitis A  Hepatitis B

Additional Immunization (if any): \_\_\_\_\_

**3. PLEASE PROVIDE A SAMPLE ROAD MAP / GOOGLE MAP LEADING TO YOUR HOUSE FROM THE SCHOOL  
(Add any famous landmark if parents live far from school)**

**3. IN LOCO PARENTIS FORM**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ hereby authorize the School to be *in loco parentis* i.e. to sign on behalf of the parent in case of medical emergency.

In case of medical emergency, the school will contact me as its first priority, failing which, the child will be taken to hospital. All medical charges shall to be borne by us, the parents/guardians.

I indemnify the School against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the time my child/ward is under school care.

I declare that I am the legal custodian of the Child/Ward and that I have legal authority to appoint a Temporary Guardian for the Child.

I declare that all the above information is correct and I undertake to inform the School as soon as possible, of any changes in the medical circumstances after the date of filling this form.

Parent / Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION FORM

*THIS FORM HAS TO BE COMPLETED BY THE PARENT TO SHOW THE COMMITMENT FROM THE PARENT TOWARDS THE SCHOOL AND TO IDENTIFY AND NOMINATE REFEREES.*

### SECTION C: PARENT COMMITMENT FORM

A child's education is supported by three major components: The student, the school and the parent. It is therefore important that there is a high level of commitment from all the three components. We would be grateful if you could complete the form below, in confidence, to enlighten the school about the expected commitment from your side. We would also like you to mention two referees who would be referred to should it be required.

#### 1. STUDENT DETAILS

Student's Name in Full:	_____	_____	_____
	[First]	[Middle]	[Surname]
Parent's Name In Full:	_____	_____	_____
	[First]	[Middle]	[Surname]
Grade Applying For:		Contact of Parent (Mobile No)	

#### 2. DETAILS OF REFEREES: Referees must be either parents from the Al Muntazir community or the respective community leaders to which the parent belongs.

DETAILS OF REFEREES	Referee One	Referee Two
Full Name:		
Relationship to the Parent:		
Residential Address:		
Date and Place of Birth:		
Telephone Number (Mobile):		
Sect/Community:		
Marital Status		
Business / Employment Address:		
Qualification:		
Nationality:		
E-Mail:		
Signature:		





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### Commitment From Parent:

I understand and Agree:

1. It is a privilege to attend the Al Muntazir School and, therefore, we will uphold the school through our prayers and positive attitude, and share any feedback / constructive criticism only with the school management and not with our children and other parents.
2. To wholeheartedly support the teachings of the school and, therefore, we will be active supporters in all the school activities.
3. That our children will show respect to teachers, staff and administration of Al Muntazir Schools and will abide by the school rules and policies.
4. To uphold the school's standard of conduct and discipline. Therefore, we will cooperate with the staff and teachers of the school.
5. To provide any information that will assist the school to effectively meet the educational needs of my child(ren).
6. To uphold the school's standards of academic excellence by providing place for study at home, supervising homework and encouraging timely submission of assignments.
7. To be financially responsible for any injury to any person or damage to school or others' property caused by our child(ren).
8. To honour the financial obligation to Al Muntazir Schools.
9. To pay the annual school fees as per the agreed payment terms on the Fee Notes.
10. That any student whose account becomes more than one month overdue may be dropped from the school register and in such, result slips, transcripts, report cards, academic certificates and school leaving certificate may be withheld until the payment is done.
11. That if the school fees are outstanding till the end of the year, the child may be de-registered from the school.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE