

PENINSULA ENGLISH MEDIUM SCHOOL



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Reg no. Nursery: DS.02/7/E.A.58
Primary: DS.02/7/58

APPLICATION FORM - CONFIDENTIAL

DETAILS OF STUDENT

(Please use block capitals)

FAMILY NAME _____ (M/F)

FIRST NAME (S) _____

NAME BY WHICH USUALLY KNOWN (if different) _____

ADDRESS _____

PHYSICAL ADDRESS _____

TELEPHONE NUMBER (home) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____

E-MAIL ADDRESS (Parents) _____

Knowledge of English (if not 1st language) Tick appropriately

Fluency of speech	Excellent	Good	Moderate	Not very good
Reading	Excellent	Good	Moderate	Not very good
Writing	Excellent	Good	Moderate	Not very good

Previous schools attended

Dates (when)	Name of school

DETAILS OF PARENTS/GUARDIANS

NAME OF FATHER/GUARDIAN _____

ADDRESS _____

COUNTRY OF BIRTH _____ NATIONALITY _____

OCCUPATION _____

WORK PLACE _____

WORK TELEPHONE NUMBER _____

MOBILE NUMBER _____

E- MAIL ADDRESS _____

NAME OF MOTHER/GUARDIAN _____

ADDRESS (if different from above) _____

COUNTRY OF BIRTH _____ NATIONALITY _____

OCCUPATION _____

PLACE OF WORK _____

ADDRESS _____

WORK TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL ADDRESS _____

First language of child _____

Family Language _____

Family Religion _____

Any special comments (special educational needs, family situation, child behavior etc.)

MEDICAL DETAILS

Doctor's Details _____

Name of Doctor _____

Address _____

Telephone Number _____

Name of Medical Insurer _____

Insurance Number _____

Does your child have special medical needs? YES/NO

If yes, please specify

Does your child need medication while at school? YES/NO

If yes, please specify what the medication is.

Does your child have any drug allergies?

YES/ NO

If yes, please specify _____

Telephone number in the case of an emergency _____

OTHER RELEVANT INFORMATION:

How many people are living at home? _____

How many share the bedroom with the child? _____

When is dinnertime? _____

When is bedtime? _____

Does your child watch TV? _____

Which programs? _____

For our administration it would be helpful to learn where you heard about the Peninsula English Medium School (PEMS). Tick the appropriate;

- Internet
- Advertisement and sign boards
- A teacher from PEMS (name)
- Personal recommendation by a PEMS parent (name)
- Other (please specify)

SCHOOL FEES

- The fees will be paid directly by the family (parents/guardian)
- The fees will be paid by a company but the invoice can be sent to the family
- The fees can be invoiced directly to company. Please supply details:

Name of Company _____

Contact Person _____

Address _____

Telephone Number _____

The undersigned declares to comply with the responsibilities of parent/guardian as described in the school guide including the payment of school fees.

Name/ Parent / Guardian's _____
(father) (mother) (guardian)

Signature _____

Place and Date _____

Student will be accepted into the school when a signed application form is submitted.

This form should be submitted with:

- 4 passport photos of the child and 1 of each parent
- Birth certificate copy
- Copy of the most recent school report (if applicable)
- Copy of passport, stay permit (For Non-Tanzanians)
- A receipt showing the school registration fee is paid

FOR SCHOOL USE ONLY

Starting Date: _____ Class _____

Fees : _____ Family No _____

Leaving Date: _____

Any other comments: _____
