



ÉCOLE FRANÇAISE ARTHUR RIMBAUD

Mawenzi road, Plot 282, Msasani road, plot 341-A,

PO Box 2183,

DAR ES SALAAM – TANZANIA

Téléphone : +255 222 923 723/+255 22 260 2970 – Portable : +255 744 399 343

Site web : <https://www.frenchschooltanzania.org>

Contact : headoffice@frenchschooltanzania.org



ENROLMENT FILE - 2020-2021 ACADEMIC YEAR

STUDENT'S INFORMATION FORM

1st enrolment

Class:

Date of Entry:

STUDENT'S DETAILS – ATTENTION: Details as displayed in a valid passport (>6 months before date of expiry)

Surname:

First name(s):

Girl

Boy

Date of birth:

Place of birth:

Nationality:

Country of Birth:

Mother tongue:

Francophone:

Yes

No

MAIN ADDRESS OF THE CHILD

Physical address:

Town:

Class in 2019-2020:

School attended in 2019-2020:

Siblings in Arthur Rimbaud French School, Dar es Salaam (Surname, given name, class) :

LEGAL GUARDIAN:

F A T H E R

Parental authority:

Yes

No

Surname:

First name:

Nationality:

Mother tongue:

Address:

(If different from the student's)

Mobile telephone:

Other:

Email address:

Employer:

Marital status: Married Marital PACS Divorced Separated Widower



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LEGAL GUARDIAN: M O T H E R		Parental authority:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Surname:		First name:				
Nationality:		Mother tongue:				
Address: (If different from the student's)						
Mobile telephone:		Other:				
Email address:						
Employer:						
Marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Marital	<input type="checkbox"/> PACS	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow
OTHER LEGAL GUARDIAN:		Parental authority:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Surname:		First name:				
Nationality:		Mother tongue:				
Address: (If different from that of student)						
Mobile telephone:		Other:				
Email:						
Employer:						
OTHER PERSONS TO CONTACT IN CASE OF EMERGENCY (other than the legal guardians):						
Surname, first name:						
Mobile telephone:			Other:			
Surname, first name:						
Mobile telephone:			Other:			



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HEALTH DETAILS OF THE STUDENT - REQUIRED INFORMATION IN CASE OF EMERGENCIES

Family doctor:

Telephone:

Address:

Clinic or hospital you would like your child to be taken to in case of emergency

Name:

Telephone:

Address:

If you do not provide us with accurate information above, she/he will be referred to Premier Care clinic (Dr Pierre Bervas) or to AGA KHAN hospital.

KNOWN HEALTH PROBLEMS

It is important to mention below any medical conditions your child may have

Blood Type:

Allergies:

Asthma:

Vaccinations:

Does your child wear glasses in class?

Yes

No

Does your child requires medication or special assistance? *

Yes

No

*If yes, ask for the PAI form at the administration office

Other observations about your child (behaviour, that could be important for the teacher):

Date:

Legal guardians signatures:



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