



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/+255 222 602 970 – Portable: +255 744 399 343

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

Contact : headoffice@frenchschooltanzania.org

aefe

Agence pour
l'enseignement français
à l'étranger

ENROLMENT FILE - 2021-2022 ACADEMIC YEAR

STUDENT'S INFORMATION FORM

1st enrolment

Class :

Date of Entry :

ÉLÈVE – ATTENTION : Données d'identités conformes au passeport en cours de validité (>6 mois)

Surname :

First name (s) :

Fille

Garçon

Date of birth :

Place of birth :

Nationality :

Country of birth :

Mother tongue :

Francophone :

Oui

Non

Other languages spoken at home :

SPECIFIC NEEDS (to be completed only if the child is concerned)

Support project:

(PAI, PAP, PPRE...)*

Yes

No

(See attached health form, mandatory!)

Allergies:

Yes

No

Specify :
(See attached health form, mandatory!)

In the event of a disability or disabling illness, does/will your child need an accompanying adult (school life assistant)?

Yes

No

*PAI : Individualized reception project (mandatory in case of chronic illness such as asthma, allergy, diabetes, and any illness requiring care during school time)

*PAP : Personalized support project (set up in case of learning difficulties such as dysgraphia, dyslexia...)

*PPRE : Personal project for educational success (proposed by the school, contract between the school, the student and the family to help the student progress with very specific objectives)

CHILD'S MAIN ADDRESS

Physical Address:

Address 1 : Postal Code:

City : Country :

Class attended in 2020-2021 :

School attended in 2020-2021 :

Brothers and sisters enrolled at the Arthur Rimbaud French School in Dar-es-Salaam (Name, first name, class) :

Date :

Signatures of legal representatives



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LEGAL REPRESENTATIVE:	F A T H E R	Parental authority:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Attach proof of identity						

Status:	<input type="checkbox"/>	Married	<input type="checkbox"/>	Marital Life	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widower
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Surname: _____ First name : _____

Nationality : _____ Mother Tongue: _____

Address : (If different from the child's) _____
 Address 2: Postal Code :
 City : Country:

Mobile Phone: _____ Whatsapp number : _____

Email address : _____ Work phone: _____

Current job / position: _____
Employer: _____

Are you interested in being a parent representative? (an information meeting will be held at the beginning of the school year)	<input type="checkbox"/>	For your child's class
	<input type="checkbox"/>	For the School Council

LEGAL RESPRESANTIVE :	M O T H E R	Parental authority:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Attach proof of identity						

Status:	<input type="checkbox"/>	Married	<input type="checkbox"/>	Marital Life	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widow
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Surname : _____ First name: _____

Nationality : _____ Mother Tongue : _____

Address : (If different from the child's) _____
 Address 2 : Postal Code:
 City : Country :

Mobile Phone : _____ Whatsapp number : _____

Email address: _____ Work phone : _____

Current job / position: _____
Employer _____

Are you interested in being a parent representative? (an information meeting will be held at the beginning of the school year)	<input type="checkbox"/>	For your child's class
	<input type="checkbox"/>	For the School Council

Date : _____	Signatures of legal representatives
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OTHER LEGAL REPRESENTATIVES:

Parental authority:

Attach proof of identity

Yes

No

Surname :

Name :

Nationality:

Mother Tongue:

Address :
(If different from
the child's)

Address 3 : Postal code :

City : Country :

Mobile Phone:

Tel Whatsaap :

Email :

Work phone :

Current job / position:

Employer:

OTHER PEOPLE TO CALL IN CASE OF EMERGENCY (Other than legal guardians) :

Last name, First name:

Mobile Phone:

Other :

Last name, First name:

Mobile Phone:

Other:

Date :

Signatures of legal representatives



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STUDENT'S HEALTH RECORD - INFORMATION NEEDED IN CASE OF EMERGENCY

Doctor in Dar es salaam :

Telephone :

Address :

Email address:

Hospital / clinic you want your child to be taken to in case of emergency

Surname :

Telephone :

Address :

If there is no information or if the information given here is unclear, the child will be referred to either Dr. Pierre Bervas' Premier Care Clinic or to the Aga Khan Hospital.

KNOWN HEALTH PROBLEMS

Important medical information that should be brought to our attention

Blood type:

Allergies :

Asthma:

Vaccinations :

Attach a copy of the vaccination record

Does the child have to wear glasses in class?

Oui

Non

Does the child have or will he/she be the subject of an Individualized Welcome

Project (IAP)?

Oui

Non

If yes, ask the administration for a form

*** PAI: individualized reception project (mandatory in case of chronic illness such as asthma, allergy, diabetes, and any illness requiring care during school time)**

Various observations concerning the child's behavior and sensitivity, which will be useful for the teacher:

Date :

Signatures of legal representatives