



**ÉCOLE FRANÇAISE ARTHUR RIMBAUD
FRENCH SCHOOL SOCIETY**

(Cert. of Reg. SO 7351 8th Feb 1993)

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aefe

Agence pour
l'enseignement français
à l'étranger

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

Surname:

First name(s):

Date of birth:

Class:

EMERGENCIES: NAMES AND CONTACTS OF PEOPLE OTHER THAN LEGAL GUARDIAN(S)

Surname, first name:

Mobile telephone:

Other:

Surname, first name:

Mobile Telephone:

Other:

REQUIRED INFORMATIONS 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? **Ye** **No**

Does your child requires medication or special assistance? * **s** **No**

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

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

s

Date:

Legal guardians signatures: