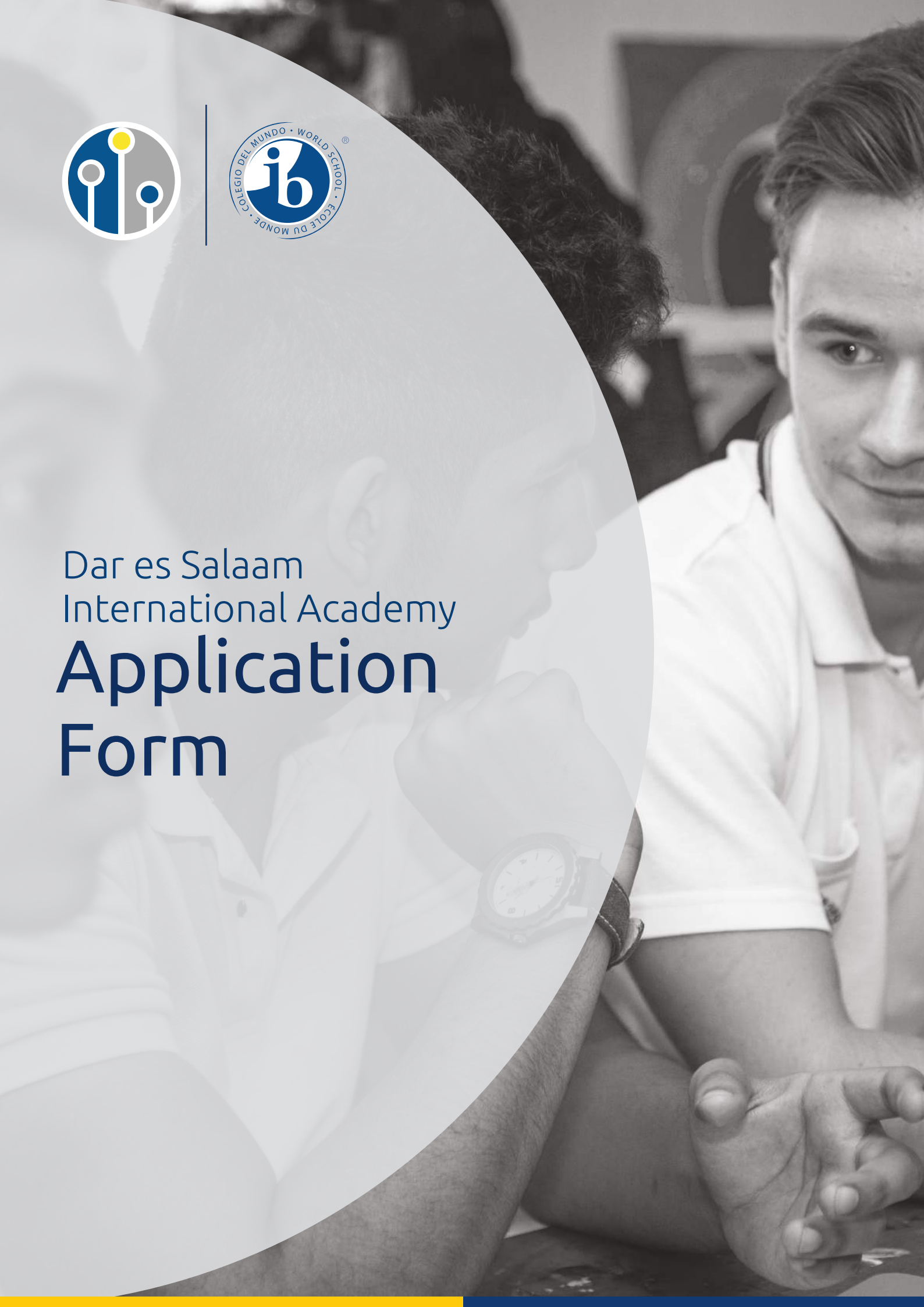




Dar es Salaam
International Academy
**Application
Form**





Mission Statement

Dar es Salaam International Academy aims to develop internationally minded lifelong learners through a well-balanced, holistic curriculum and a partnership between school, home and community.



Application for Admission

Please note:

- This application form should be completed after review of the Admissions Package and Admissions Policy All sections of the form must be fully completed
- Terms and Conditions for accepting a place at DIA must be signed

1. General Information

Date of Application	
Application for Grade	
Expected Date of Enrolment	
Expected Length of Stay in Dar es Salaam	

2. Student Information

Student's Name (as it appears on passport)

First Name Middle Name Family Name

Student's Preferred Name (if different from above)

First Name Middle Name Family Name

Gender _____ Date of Birth _____ Current Age _____
(M/F) (dd/mm/yy)

Place of Birth: _____ Country of Citizenship: _____
(City/Country)

Passport Number: _____ Country Issuing Passport: _____

3. Student's Previous Education History

Name of School	Country	Contact Information (Phone & Email)	Type of Curriculum (American/ British/ Other)	Starting Date (mm/yy)	Leaving Date (mm/yy)	Grades Completed	Language of Instruction

Application for Admission

3.1 Student's Academic History

a. Has your child ever previously submitted an application to DIA? If yes, please explain

Yes

No

b. Has your child ever received any special assistance in the following areas?
Tutoring or after school support in particular subject areas? If yes, please explain:

Yes

No

English as a Second Language support?

Yes

No

A speech or learning disability? (if there is a report, please include)

Yes

No

Emotional support in the form of counselling?

Yes

No

Has your child ever repeated a grade level? If yes, which grade and why

Yes

No

Has your child ever skipped a grade level? If yes, which grade

Yes

No

Has your child ever been suspended from school? If yes, please explain

Yes

No

Application for Admission

Has your child ever been asked to leave a school? If yes, please explain when, where and why

Yes

No

Has your child ever received any special accommodations to reach learning objectives? If yes, please explain

Yes

No

Has your child ever been formally assessed by a behavioural or educational psychologist? If yes, please explain

Yes

No

Has your child ever been recommended to be formally assessed by a behavioural or educational psychologist? If yes, please explain

Yes

No

Do you have a formal diagnostic report if your child has been assessed by a behavioural or educational psychologist? If yes, please include it with this application form

Yes

No

c. How well do you feel your child does in the following (1 = Never/Poor/Difficult, 5 = Regularly/Excellent/Easily)

Completes Homework?	1	2	3	4	5
Shows Independence?	1	2	3	4	5
Concentration Span?	1	2	3	4	5
Makes new friends?	1	2	3	4	5
Adapts to new situations?	1	2	3	4	5

Application for Admission

d. Is there any further information about your child that will be helpful to DIA?

Yes

No

4. Student Language Information

Most common language spoken at home: _____

Yes

No

Is your child able to read and write in this language:

Other language(s) spoken: _____

In which of the above languages can your child read and write in?

4.1 English

Is your child fluent in English? If no, how long has your child been learning English?

Yes

No

When does your child speak English?

Can your child read and write in English?

Yes

No

Does your child read books in English?

Yes

No

How would you rate your child's English ability?

(1 = Basic, 2 = Conversational, 3 = Fluent)

1 2 3 4 5

4.2 French

Has your child ever studied French?

Yes

No

If yes, where and for how many yers? _____

Application for Admission

How would you rate your child's French ability
(1 = Basic, 2 = Conversational, 3 = Fluent)

1 2 3 4 5

4.3 Kiswahili

Does your child speak Kiswahili?

Yes No

How would you rate your child's Kiswahili ability?
(1 = Basic, 2 = Conversational, 3 = Fluent)

1 2 3 4 5

5. Family Information

Guardian 1 / Parent 1 (G1/P1)

Name:

First Name	Middle Name	Family Name
------------	-------------	-------------

Relationship to student: _____

Country of Citizenship: _____

Languages spoken: _____ Preferred Language: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Employer Information (company name/position) _____

Company Phone: _____ Preferred Email: _____

Application for Admission

Guardian 2 / Parent 2 (G2/P2)

Name:

First Name

Middle Name

Family Name

Relationship to student: _____

Country of Citizenship: _____

Languages spoken: _____ Preferred Language: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Employer Information (company name/position) _____

Company Phone: _____ Preferred Email: _____

Siblings:

Names	Age	Currently Attending DIA	Applying to DIA	School they are studying at if not DIA)

Application for Admission

6. Company Information

Please indicate the type of company by circling the appropriate box:

G1/P1

Business Consulting Banking/Finance Embassy NGO Retail

Tourism Academic Fields Other _____

G2/P2

Business Consulting Banking/Finance Embassy NGO Retail

Tourism Academic Fields Other _____

7. Contact from DIA

Please note that DIA mainly uses email to contact parents/guardians. You must have an active email account as well as access it regularly. You will also be updated on your child's attendance via email. Please ensure your email details are up to date and if they change, that you inform the school.

8. Billing Information

Please state who you would like all billing information addressed to:

G1/P1 G2/P2

Company (please provide full name and details of company for invoice) _____

If partial payment by company, please state which percentage each party pays _____

9. Emergency Contact Information

Please state your preference as to first point of contact for phone calls

G1/P1

G2/P2

Home

Mobile

Company

Application for Admission

In case of an emergency, please provide details for two contacts that may be called if parents/guardians are unavailable.

Contact Number 1

First Name Family Name

Relationship to student _____

Phone: _____

Preferred language: Kiswahili English

Contact Number 2

First Name Family Name

Relationship to student _____

Phone: _____

Preferred language: Kiswahili English

10. Student Health & Emergency Treatment

Previous Health History

Has your child ever suffered from any of the following, if yes please provide details of when and where treatment was given

	YES	NO	COMMENTS
Chest problems (e.g. asthma, bronchitis)			
Orthopaedic Problems (e.g. back pain, hips, knees, feet)			
Heart Problems			
Epilepsy, seizures			
Diabetes			
Stomach problems			
Headaches/Migraines			
Sleeping difficulties			
Thyroid problems			

Application for Admission

Has your child ever suffered from the following diseases?

	YES	NO	COMMENTS
Measles			
Chicken Pox			
TB			
Typhoid			
Whooping Cough			
Other tropical diseases			
Other communicable diseases			

Immunisations

	Date Given
DPT	
Tetanus	
BCG (Tine Test)	
Measles	
Meningitis	
Polio: 1st dose	
Polio: 2nd dose	
Polio: 3rd dose	
Polio: booster	
Typhoid	

Does your child have any hearing problems? If yes, please explain

Yes

No

Does your child wear glasses or contact lenses? If yes, are they required to wear them all the time or for certain activities?

Yes

No

Application for Admission

Does your child take any regular medication? If yes, please list in table below

Names of Medication	Reason for Taking	Dose	Taken at Home	Taken during School hours

Does your child have any allergies?

Yes

No

If yes, please list

Are any of these allergies life threatening?

Yes

No

Do you require the school to keep any medication on hand with the Nurse?

Yes

No

Are there any other health problems that would be helpful for the school to know?

Emergency Treatment

If your child is injured, requires immediate medical attention or comes in with a scrape/bruise, please circle whether you consent for this to be attended to by the school nurse or any other trained member of staff if necessary:

I consent

I do not consent

The only medication administered at school is Panadol and this is only given on rare occasions. Please circle whether you consent or do not consent to your child being given Panadol:

I consent

I do not consent

In the case of an emergency that requires hospital treatment, DIA will take them to the nearest hospital.

I consent

I do not consent

Terms and Conditions

Please read the following terms and conditions before applying to DIA and signing the application form.

1. I agree that this application form is completed accurately and honestly with all information required.
2. I ensure and agree to mine and my child's commitment to embody the IB Learner Profile.
3. I understand that failure to disclose any relevant information or altering of documents can lead to acceptance of my child in DIA to be withdrawn.
4. I have read the DIA Mission Statement.
5. I agree that my child will abide by all the rules and regulations of DIA including, but not limited to the the following: Uniform Policy, Late/Absence Policy and Behavior Policy.
6. I agree to abide by the rules and regulations of DIA in relation to the following: Security Policy and Car Parking Policy
7. I agree to attend all parent/teacher conferences and any meetings regarding my child.
8. I understand that throughout the year DIA arranges a number of academic field trips, which are an integral part of DIA 's curriculum. I agree to ensure my child's participation.
9. I ensure my child's participation in at least one extra curricular activity per term.
10. I understand my child must participate fully in all subjects offered at DIA.
11. I confirm that I have read and fully understand the fee payment terms, guidelines and refunds enclosed in the DIA package.
12. I understand that any offer of acceptance in DIA is contingent on space being available.
13. I understand that DIA reserves the right to determine the placement of my child in the grade level or subject judged most appropriate for my child's school experience and age.
14. I understand DIA does not provide any insurance for loss of personal possessions. I understand my child is responsible for his/her personal possessions.
15. I understand that all required documentation must be completed and submitted to DIA before acceptance will be given to my child.
16. I understand that not following the above terms and conditions can lead to acceptance of my child in DIA to be withdrawn.

Herewith, I certify with my signature that all statements given in this document to be true:

Name of Parent/Guardian: _____

Signature: _____

Date: _____(dd/mm/yy)



Dar es Salaam International Academy

Dar es Salaam Tanzania, East Africa
Plot 1325/1326 Transit Supermarket Road
P.O BOX 23282
Tel: + 255 22 2600202 / + 255 22 2600206
M: +255 758 828 300
Fax: 2600-195
e-mail: info@diatz.cc
www.diatz.cc