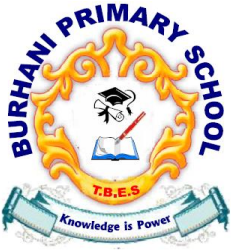


*Excellent Teaching!**High Discipline!*

*"Success for All"*  
**BURHANI SCHOOL**  
**(T.B.E.S)**

P. O. BOX: 190, TANGA, TANZANIA - Tel: 027-2647595, Mob: 078558547

Email: [burhani@kaributanga.com](mailto:burhani@kaributanga.com)Web: [www.burhanischools.sc.tz](http://www.burhanischools.sc.tz)

Passport Size  
Photograph

## **APPLICATION FORM**

<b>Admission in:</b>	<b>Primary School</b>	<b>Class</b>		<b>Academic Year:</b>		<b>PReM Number</b>	
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<b>Pupil Name:</b>	<b>Last</b>			<b>Middle</b>		<b>First</b>	
<b>Date of Birth:</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Gender</b>			
				<b>Male</b>			
				<b>Female</b>			

<b>Tanzanian:</b>		<b>Nationality:</b>		<b>Religion:</b>
<b>Non Tanzanian:</b>				

<b>School (s) Previously attended:</b>	
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<b>Parent / Guardian Contacts:</b>	<b>Postal Address:</b>	<b>Town/City:</b>	<b>Fax number:</b>
	<b>Telephone No:</b>	<b>Mobile Phone No:</b>	
<b>E-mail:</b>			
<b>Location of the Home</b>		<b>Distance from Home to School in Kilometers</b>	

<b>Parent/Guardian Occupation:</b>	
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<b>Parent/Guardian Name:</b>	<b>Last</b>	<b>Middle</b>	<b>First</b>

**MEDICAL CONCERN. PLEASE INDICATE WITH APPROPRIATE TICKS**

Asthma   
 Eczema   
 Vision   
 Wears glasses

Any food allergy   
 Any other allergy specify   
 Dental   
 Hearing

Has been operated specify \_\_\_\_\_

Any other concern \_\_\_\_\_

Signature of the Parent/Guardian	Date:

For Official Use Only	
Admission No _____	Admitted to class _____
Date of Admission _____	Approved by _____

- Please Attach:**
- 3 Recent Passport size photograph
  - Birth Certificate
  - Application Fee Receipt
  - School Leaving Certificate with PREM Number
  - Copy of Passport copy for Non Citizen
  - Copy of Resident Permit or Students Pass for Non Citizen
  - Copy of National ID Card or Number

# **AGREEMENT**

**I, Mr/ Mrs /Miss** \_\_\_\_\_

**Parent / Guardian of** \_\_\_\_\_ agree to undertake the following:-

1. I shall be personally responsible for all the fees and dues to be paid to the school in respect of my son/ daughter/ ward \_\_\_\_\_ and shall make the payment in full on demand as required.
2. I shall make good any loss or damage to school property by my son/daughter/ward.
3. If my son/ daughter /ward is injured during PE lessons, games or sports or an escorted trip or after school hours, members of staff on duty or any person deputed by the Head teacher for the purpose, is authorized to attend my son / daughter/ward, and I shall pay all the expenses incurred.
4. I shall see my son /daughter/ward abides by the rules and regulations of the school, brought into force from time to time. The head teacher and the school are authorized to reprimand, suspend or expel him/her if it is thought desirable or inevitable.
5. I do not hold the school responsible for any loss or damage to the articles of my son/daughter/ward inside or outside the school premises.
6. I understand refund or caution deposit is subject to my child/children returning the school property in good condition and the original caution deposit receipt issued to him/ her.
7. I understand Tuition and Admission fees are neither refundable nor transferable.
8. I will inform the Head teacher in writing of any change of my address or telephone number or residence. I do not hold the school responsible if communication is lost due to wrong address.
9. I agree to ensure my child / children is / are kitted out in school and PE uniform at all school functions whether in school or outside when required.
10. I shall ensure that my child attends all school sessions without fail including games and swimming.
11. In the event, I decide to withdraw my child/ children from school at the end of any academic term/year, I am required to give one month's notice prior to the end of the academic term/year, failing which I accept the liability to meet all expenses including one term fees.
12. In the event, I have not settled my fees by end of the academic term, I accept total liability with all cost and consequences to pay all charges including the fees in full.

**I HAVE READ AND UNDERSTOOD THE REGULATIONS GOVERNING ADMINISTRATION AND IN THE EVENT OF HIS/HER BEING ADMITTED, I AGREE TO ABIDE BY THEM.**

Parent's / Guardian's Signature. \_\_\_\_\_

**NB: The institution will take utmost care of your son/daughter/ward.**