



**APPLICATION FOR ADMISSION, SY 2008-09**  
**PLEASE PRINT**

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

**1. Student Information**

(PLEASE PRINT)

Student's Name: \_\_\_\_\_  
Family Name First Name Middle Name

Preferred Name for Student Directory: \_\_\_\_\_

Expected Date of Enrolment: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day Month Year

Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
City/Country

Passport Number: \_\_\_\_\_ Languages Spoken at Home: \_\_\_\_\_

Country Issuing Passport: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_

Permanent Address of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

I agree to have my name, address and phone number published in the student directory: Yes  No

**2. Family Information**

**Father**

**Mother**

Parent's Name: \_\_\_\_\_  
Family Name First Name Middle Name

\_\_\_\_\_ Family Name First Name Middle Name

Place of Birth: \_\_\_\_\_  
City/Country

\_\_\_\_\_ City/Country

Country of Citizenship: \_\_\_\_\_

\_\_\_\_\_

**Father**

**Mother**

Will the parents be residing with the student: Yes  No

Yes  No

Name of Other Siblings Applying to/Currently in IST:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grade  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. Mailing and Billing Information

Mailing address for school correspondence: **Father**

**Mother**

Home Address  Office Address

Home Address  Office Address

Billing Address:

Home Address  Office Address

Home Address  Office Address

If billing should be sent to another address, please provide mailing information:

_____	_____
_____	_____
_____	_____

### 4. Contact Information in Dar

**Father**

**Mother**

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

#### Temporary Address in Dar

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### 5. Emergency Information

**Person to be contacted in an emergency if parents are not available. Please use a person outside your household**

**Contact Number 1**

**Contact Number 2**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Language Preferred/Spoken: \_\_\_\_\_

### 6. Company Information

**Father**

**Mother**

Parent's/Guardian's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Work Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Direct Line: \_\_\_\_\_ Fax \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is Company a US Affiliate? Yes  No

Yes  No

(This information is needed to complete the US Grant provided annually)

US Government

US Department of Defense

Contracted to a US Government Agency

Private Company

U.S. Company Name and Address: \_\_\_\_\_

**Please indicate type of business by ticking the appropriate box:**

- B1 = Business
- B2 = Banks/Finance
- B3 = Consulting
- B4 = Mining
- B5 = Oil/Gas
- B6 = Retail

- B7 = Service
- B8 Tourism (hotels, travel)
- B9 = Development
- B10 = Security
- E = Embassies
- EU = European Union

- N = NGO's
- S = Schools
- UN = United Nations
- WB = World Bank
- O = Other

**Starting Date of Assignment in Tanzania:** \_\_\_\_\_

**Projected Ending Date of Assignment in Tanzania:** \_\_\_\_\_

**Fees Paid by:**

Employer: \_\_\_\_\_%  
 My Responsibility: \_\_\_\_\_%  
 Total: \_\_\_\_\_%

**Father**

**Mother**

**7. Student's Educational Information**

Name of School (Please begin with the most recent year)	City/Country	Type of Curriculum (American/British, etc.)	Attended To/From (Mo/Yr)	Age	Grade/Standard/ Form/Yr	Language of Instruction

**8. Student's Detailed Information**

1. Has the student previously submitted an application or attended IST? No  Yes  Year

2. Has the student received any special academic, social, emotional support (i.e. speech, learning disability, counselling, etc.) and/or psycho-educational testing? No  Yes

2a. If yes, what type of support has the student received? \_\_\_\_\_  
 (Please attach relevant reports and test results)

3. Has the student ever repeated a grade level? No  Yes  Which?

4. Has the student ever skipped a grade (double promotion)? No  Yes  Which?

5. Has the student ever been asked to leave a school? No  Yes  Explain

6. Does the student adjust to new situations easily? No  Yes  Explain \_\_\_\_\_
7. Has the student ever been in an English-as-a-Second-Language program? No  Yes  Year(s) \_\_\_\_\_
8. Does the student read for pleasure? \_\_\_\_\_ Complete Homework? \_\_\_\_\_ Show independence? \_\_\_\_\_
9. Other Comments to assist the teacher?
- 
- 
- 

## 9. Terms and Conditions of Accepting a Place at IST, SY 2008-09

You will be asked to sign these terms and conditions if you accept a seat.

1. I understand that failure to disclose all necessary information on the application form concealing pertinent information and/or altering documents, may result in any offer of my place being revoked, and, in the case of a place having been taken up, withdrawal from IST.
2. I agree that my child will abide by the rules and regulations of IST.
3. I agree to support the Vision of IST as found on the School's Web Site.
4. I agree to support the IST policy regarding student uniforms.
5. I agree to attend parent-teacher-student conferences and to attend meetings the School may convene about my child.
6. I agree to pay the tuition and fees due IST in accordance with the payment plan that I selected.
7. I understand that students must sign an Acceptable Use Policy (AUP) to gain access to a computer. The privilege of using the school's hardware will be withdrawn if this AUP is broken.
8. I understand that IST reserves the right to determine the placement of my child in the grade level or subjects judged most appropriate for the student's school experience and age.
9. I understand that the cover for personal accident insurance or loss of personal possessions is my responsibility and that IST does not provide insurance for students taking part in School activities.
10. I understand that IST does not guarantee that my child will advance to the next grade.
11. I understand that my child must reside with one or both parents or a legal guardian in a permanent residential situation in Dar es Salaam.
12. I understand that starting in Grade Four IST offers grade and age appropriate trips, some of them overnight, that are integral to the school's programs and/or commitment to community service. Further, I understand that the cost of these trips is outside of the normal school fee and tuition. I agree to ensure my child's participation.

## 10. Guardianship Agreement

I understand that IST has a policy under which every enrolled student must be residing with a responsible adult guardian.

In the case where both parents must be out of Dar es Salaam, I agree to notify the school in writing with the name, residential and mailing addresses and phone numbers of the person(s) designed to serve as our child's guardian(s). I also understand that the school does not accept household employees as responsible adult guardians.

I further understand that failure to notify the school of a guardian during a time when both parents are absent from Dar es Salaam could jeopardize our child's place at IST.

Parent's Signature: \_\_\_\_\_

\_\_\_\_\_ Date