



**International
School Moshi**

APPLICATION FOR ADMISSION

www.ismoshi.org

International School Moshi

Main Office & Moshi Campus
PO Box 733, Moshi
Killimanjaro, Tanzania

Tel: +255 27 2755004, 2755005

Fax: +255 27 2752877

Email: moshi@ismoshi.org

Arusha Campus
PO Box 2691,
Arusha, Tanzania

Tel: +255 27 2505029, 2505030

Fax: +255 27 2505031

Email: arusha@ismoshi.org



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School Moshi**

Moshi Campus

P.O.Box 733, Moshi, Kilimanjaro,
Tanzania

Tel: +255 27 2755004

+255 27 2755005

+255 27 2751850

Fax: +255 27 2752877

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www.ismoshi.org

Arusha Campus

P.O.Box 2691,
Arusha, Tanzania

Tel: +255 27 2505029

+255 27 2505030

Mobile: +255 0754-740706

Fax: +255 27 2505031

arusha@ismoshi.org

www.ismoshi.org

Please attach a recent
photograph

STUDENT'S NAME (Underline the name to be used in school)

FAMILY

FIRST

OTHER

Nationality:

Date of birth (day/month/year)

Sex (M / F)

Expected Starting Date

To enter Class / Grade

Day/Boarding

Mother Tongue

Religion

Passport Number

PREVIOUS SCHOOLING (most recent first):

Classes / Grades
to

Years
to

Name & Address of school

Language used

Classes / Grades
to

Years
to

Name & Address of school

Language used

Classes / Grades
to

Years
to

Name & Address of school

Language used

Classes / Grades
to

Years
to

Name & Address of school

Language used

Knowledge of English (Fluent/Fair/None)

List any brothers or sisters in ISM

Probable length of stay in ISM

If you were introduced to ISM by a friend or colleague, please give their name and contact details here:

ADDRESSES

Residential Address in Tanzania or East Africa

Business Address

Telephone:
Fax:
E-mail:Telephone:
Fax:
E-mail:

Permanent address in home country

Emergency contact (in Moshi/Arusha if possible)

Telephone:
Fax:
E-mail:Telephone:
Fax:
E-mail:**PARENTS**

Are both parents living?

Status (Together / Separated / Divorced)

Child lives with father / mother / both ?

FATHER**MOTHER**

Full Name

Nationality

Passport Number

Mother Tongue

Type of employment

Position

Name of employer

Has your child ever had special educational needs? (Please give details & supporting documents as appropriate)

Is your child in good health? (Give medical details as appropriate)

Parents will be invoiced for fees. If you would also like copies of invoices to be sent elsewhere, please give the name, address and email address:

CONDITIONS FOR ENROLMENT AND WITHDRAWAL

1. When the parent or guardian who has registered a child for entry into school is offered a place, he/she shall immediately inform the Head of Campus whether or not he/she will accept the place. The capital development fee and refundable deposit (if appropriate) should be paid within one month of the date of the offer letter in order to retain the place. The capital development fee is not refundable.
2. Once a place has been offered and accepted, the parent or guardian who completed the application form shall be liable to pay the fees by the dates and in the manner required by the school. All fees must be paid in the currency specified by the school.
3. A child in the school shall be presumed to be continuing in the school until such time as notice of withdrawal has been given in respect of him/her. Such notice of withdrawal must be given in writing and delivered to the Head of Campus personally or by registered post.
4. Unless such notice of withdrawal is given at least 30 school days (excluding weekends and school holidays) before the child is withdrawn from school, the parent or guardian shall be required to pay an additional fee of $\frac{1}{2}$ a quarter's tuition (and boarding where applicable) in lieu of notice.
5. Fees are not refundable in cases of absence through illness, vacation or leave, suspension or expulsion.

AGREEMENT

I understand that the insurance of my child against accident, loss of property or refund of fees in case of illness is my own responsibility. I hereby absolve International School Moshi Ltd of all responsibility for accident, illness or loss of personal property sustained by my child during the school year.

I give permission for the Head of Campus to seek medical advice and accept medical or surgical treatment for my child in the event of illness or accident. I understand that in an emergency I will be notified as soon as possible.

I undertake to abide by the conditions for enrolment and withdrawal set out above and I accept the school's regulations and requirements. I understand that the school fees must be paid in the currency and manner prescribed by the school. I agree to pay school fees in advance each quarter on or before the date specified for payment.

I certify that the information supplied on this form is correct in every detail.

Parent's / Guardian's Signature:	Date:
Signed on behalf of International School Moshi Ltd.	Date:

This application form must be accompanied by

1. a copy of the child's birth certificate,
2. a copy of his/her most recent school report (where applicable),
3. a recent passport-sized photograph.



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