

1. STUDENT DETAILS:

FULL NAME: _____

DATE OF BIRTH: _____ HOSPITAL: _____

GENDER: _____ AGE: _____

TRIBE: _____ NATIONALITY: _____

RELIGION: _____ ADDRESS: _____

CLASS APPLIED: _____

Student
Photo



UP SKILL ACADEMY

DAY CARE, NURSERY AND PRIMARY SCHOOL

Learn together.....Achieve together



Contacts: +255 777903231 & +255 772217921

MAUNGANI VIJIJINI, ZANZIBAR - TZ

Email: upskillacademy81@gmail.com

P.O.BOX 60

PRIMARY REGISTRATION FORM

NAME OF PREVIOUS SCHOOL: _____

2. PARENTING/GUARDIAN DETAILS

FULL NAME: _____

MOBILE NO: _____

Email: _____

NATIONALITY: _____

OCCUPATION: _____

ADDRESS: _____

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DATE**SIGNATURE****3. SPONSOR'S DETAILS**

FULL NAME: _____

MOBILE NO: _____

EMAIL: _____

NATIONALITY: _____

OCCUPATION: _____

ADDRESS: _____

DATE**SIGNATURE****4. CURRENT MEDICAL INFORMATION**

Child's Health Insurance Identification Card Number: _____

Name of child's Physician: _____

Physician's Address: _____

My child's has allergies: No _____ Unknown _____ Yes _____

If yes, please list the allergies: _____

Please comment on:

Condition that your child has that require (s) medical attention – such as diabetes, epilepsy, asthma etc.

Physical activity restrictions: _____

Hearing or vision problem that cannot be corrected: _____

Your child's previous history of communicable diseases (eg: Chicken Pox, Measles)

Other conditions that may require a teacher to take action for the benefit of your child's health:

5. PERMISSION FOR MEDICAL TREATMENT

In the event of an accident or illness involving my child while my child is in care of Up Skill Academy. I hereby authorize the administration of any medical procedure deemed necessary, including anesthetic, by the above named Doctor, or any hospital Emergency Department, or by any qualified physician. In no case will the staff or the center be financially liable to costs incurred as a result of emergency procedures undertaken.

Signature: _____

6. EMERGENCY CONTEST (in the event of an emergency)

Contact Person #1

Name: _____

Address: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Contact Person #2

Name: _____

Address: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Contact Person #3

Name: _____

Address: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

7. FEE STRUCTURE

TZS 1,050,000/

S/N	PARTICULAR	COST
1.	Full Registration	Tsh: 100,000/=
2.	Uniform	Tsh: 80,000/=
3	Stationery	Tsh: 60,000/=
4.	School Fee	Tsh: 600,000/=
5.	Full Meals	Tsh: 360,000/=
GRAND TOTAL		Tsh: 1,200,000/=

Note

TZS 150,000/

Note: For all those who will require the half meal service, they will pay TZS 150,000/= which corresponds to a total of TZS 1,050,000/= per year.

OTHER PAYMENTS

Transport = Tsh: 400,000/=

Study Tour = Tsh: 50,000/=

8. MODE OF PAYMENT

1. Payment should be done through approved School Account.

NAME OF BANK	ACCOUNT NUMBER	ACCOUNT NAME
EQUITY BANK	3014111817943	RADHIA SEIF SALUM

2. Payment should be done in two or three installments.

3. Uniform, Registration, and Stationery – TZS 240,000/ (This payment should be made before the start of classes).

4. Payment should be done accordingly.

9. FULL PAYMENT INSTALLMENT

INSTALLMENT PERIOD	AMOUNT
FIRST INSTALLMENT (JANUARY – APRIL)	TSH: 320,000/=

SECOND INSTALLMENT (MAY – AUGUST)	TSH: 320,000/=
THIRD INSTALLMENT (SEPTEMBER – DECEMBER)	TSH: 320,000/=

10. HALF PAYMENT INSTALLMENT

INSTALLMENT PERIOD	AMOUNT
FIRST INSTALLMENT (JANUARY – APRIL)	TSH: 270,000/=
SECOND INSTALLMENT (MAY – AUGUST)	TSH: 270,000/=
THIRD INSTALLMENT (SEPTEMBER – DECEMBER)	TSH: 270,000/=

11. REGISTRATION REQUIREMENT

To register your child the school requires:

1. A completed Application for Admission.
2. A copy of your child's birth certificate or passport as proof of age.
3. Four recent passport size photo.
4. An enrollment payment of fees as outlined below
5. Any progress reports or educational assessment that are available.

12. SCHOOL RULES

1. Students are required to arrive at 7:30 am and leaving at 3:30 pm.
2. All students are required to wear proper school uniform.
3. Students should attend all days that school will be open, and if there is any reason that cause not attend, the parent or guardian should contact to class teacher or head teacher of school.

Note:

As parent(s)/guardian(s), we would like to enroll our child at Up Skill Academic in the program indicated on this application.

Name of Parent/Guardian

Signature

13. FOR OFFICE USE ONLY

Student Registration Number: _____

Class started: _____ Date Registered: _____

Registered by: _____ Date: _____

HEAD OF SCHOOL: _____