

(please fill out form in block letters/computer)

Start date: \_\_\_\_\_

(to be filled out by school)

**Student Information**

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

Birth date: \_\_\_\_\_ Nationality: \_\_\_\_\_

*day month year*

Any particular health condition/disability/diagnosis the school should be aware of:

\_\_\_\_\_

Allergies / Food restrictions : \_\_\_\_\_

Regular medications: \_\_\_\_\_

Name of insurance company the student is covered by: \_\_\_\_\_

**Nb!** Note that in any emergency situation the Nordic School will always use IST clinic.

Is the child vaccinated for Tetanus:  Yes  No

**Parents/Guardian Information**

Parent/Guardian ICE 1 (In Case of Emergency):

Full Name: \_\_\_\_\_ Phone nr in TZ: \_\_\_\_\_

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

Billing Parent: \_\_\_\_\_

Physical Address in Dar es Salaam: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Will the school's fee be subsidized by any organisation:  Yes \_\_\_\_\_  No

*Name of the organisation*

The child will participate in:  Danish  Norwegian  Swedish

**Permissions**

Pictures taken at school may be used for publications  Yes  No

\_\_\_\_\_  
*Parent's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**The Nordic School**

**Email:** Office: [mail@nordicschool.net](mailto:mail@nordicschool.net)

**Phone:** +255 777 007 160

**Enrolment agreement between the Swedish School Society, SSS, (the Nordic School) and Parent**

**-Language Class**

- ***The SSS (the Nordic School) aspires to provide a safe, challenging and fun learning environment where children - aged 18 months – 15 years - take centre stage.***
- ***Our pedagogical team’s facilitation of the Nordic teaching principles, together with the close working relationship with parents, aim at enabling the children to achieve a holistic social, emotional and cognitive development.***

***The parent has therefore agreed to the following:***

1. I agree to support the School so that my child abides by the rules and regulations of the School.
2. I agree to support the Principles of the Nordic School as found on the School’s website.
3. I agree to pay tuition fees due to the School in accordance with the payment deadline or otherwise pay a penalty fee. If fees of the past term have not been paid at the beginning of the new term my child will not be permitted back at school and may risk losing their spot.
4. I agree to collect my child in accordance with the time slot selected for my child. In case I am unable to collect my child on time I will inform the teachers via phone. If the delay in collecting my child exceeds 3 times within 30 and there has been no notification of such a delay, I shall expect to pay a fine to cover the extra hours worked by the teachers.
5. I understand that pictures of my child taken during school activities can be used for newsletters, publications and on the school’s website unless I have otherwise notified the Headmaster during enrolment.
6. I understand that an offer of a place is contingent on there being a seat available in the group into which the School deems acceptable for my child. School fees are charged from 1st day of attendance for new children and no reduction is made for previously enrolled children who may return late from holiday or take a long leave and want to keep his or her place.
7. I understand that the School reserves the right to determine the placement of my child in the group judged most appropriate for the individual child’s development and age.
8. I understand that the cover for personal accident insurance or loss of personal possessions is my responsibility and that the School does not provide insurance for children taking part in school activities.
9. I understand that the School is entitled to use its discretion in suspending a child for a short or longer period of time as a result of unacceptable behaviour i.e. violence, vandalism or bullying and that the school fees will not be reimbursed for the lost time.
10. I understand that my child will be brought to IST clinic if he/she will need urgent medical attention. Any treatment or medication received at IST must be paid for by me, the parent.

\*Note: it is important to declare all significant medical, behavioural and emotional problems that may affect your child’s life at the School. The School must carefully assess whether it is able to provide adequate support to those needing special attention in relation to the stated issues.

<b>Name of Student</b>	<b>Name of Person completing form</b>	<b>Relationship to Student</b>
<b>Signature:</b>		<b>Date</b>