

AF No.



Paste a recent  
passport size  
Photograph of  
the student.

## AL-FURQAAN ISLAMIC SECONDARY SCHOOL

P.O.BOX 25439 Dar Es Salaam, TEL: +255 672 565 2 78 Or +255 712 79 028 3

[www.alfurqaanislamicsschool.ac.tz](http://www.alfurqaanislamicsschool.ac.tz) E-mail: [info@alfurqaanislamicsschool.ac.tz](mailto:info@alfurqaanislamicsschool.ac.tz)

# APPLICATION FORM

Student's Name: \_\_\_\_\_

Admission in	Form: _____	Year: _____
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Thank you for your interest in Al-furqaan Islamic Secondary School as your partner in Education.

This is a Muslim faith based school which aims at providing both Secular (based on Tanzania national Curriculum of Secondary Education) and Religious quality education to its students. The school considers education as the first priority to mankind. As it is referred from the holy Quran, *"and he taught Adam the names-all of them. Then he showed them to the Angles and said, 'inform me of the names of these, if you are truthful'"* (Quran 2:31)

The school caters to all students without any discrimination on the basis of race, Colour, ethnicity, national origin, religion, creed or gender. **You are welcome.**

Kindly follow the guidelines below and submit the completed Application Form to the Administrative Office of the school.

### GUIDELINES:

1. All parts of this application form must be completed in BLOCK LETTERS.
2. Acceptance of this application form is not a commitment for admission.
3. All prospective students will be required to appear for an entrance assessment. Details of the assessment will be made available at the time of the form submission.
4. The completed application form should be accompanied by the following:
  - a. 3 recent passport size photographs of the applicant (1 to be pasted on this form)
  - b. Copy of the latest school report card if applicable (bring original for verification)
  - c. Application fee of Tshs. 20,000/= (Non- refundable)



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## SECTION A

### (A): APPLICATION FOR ADMISSION

#### STUDENT'S DETAILS

To be filled in by the parent/ guardian Full details for the students are required here:

1. Student's information (fill in block letters). It is compulsory to fill all the details in the section

Name in full: (as registered on the PLSE or FTNA)	First name	Middle name	Sir name
Date of birth (dd/mm/yy)		Place of Birth	
Nationality:		Gender	
Postal address:		Telephone:	
Residential address: (physical address in DSM)	_____		
	(District )	(Street )	(House No)
Permanent address: (if different from above)	_____		
Other schools attended in the past years:		Level	
Class / grade completed:		Year completed	

\*for foreign nationality- a copy of the equivalent certificate from NECTA

#### 2. Additional information:

- Has the student ever received any professional counseling social or emotional domains?  
No  Yes  year \_\_\_\_\_
- Has the student ever repeated any grade level? No  Yes  year \_\_\_\_\_
- Has the student skipped a class? No  Yes  year \_\_\_\_\_
- Has the student ever been expelled or asked to withdraw from a school?  
No  Yes  year \_\_\_\_\_
- Does the student have any special educational needs? No  Yes  year \_\_\_\_\_
- Please share any further information about your child in the space below.**



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Parent/guardian information (fill in block letters) If the child is not living with parent, please enter details of the guardian.

Particulars	Father	Mother	Guardian
Full Name:			
Guardian, relationship to the applicant:			
Residential address:			
Telephone number (residence)			
Telephone number (mobile)			
Telephone number (office):			
Profession:			
Business/employment Address:			
Education institute last attended:			
Qualification:			
Nationality:			
E-mail:			

Applicant lives with?  Father  Mother  Both  Other \_\_\_\_\_

Shade if appropriate:  Father deceased  Parents divorced  Father remarried

Mother deceased  Parents separated  Mother remarried

#### 4. Legal guardian details (fill in block letters)

If the parents are divorced or separated, who has legal custody of the applicant (please specify)

Full name:	Residential address:	Telephone number(mobile )



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### 5. FAMILY PARTICULARS (FILL IN BLOCK LETTERS)

Total number of siblings to the applicant:		
Names of siblings schooling	Age	Schooling at
1.		
2.		
3.		
4.		
5.		

### 6. ORGANIZATIONAL INVOLVEMENT OF PARENTS

Please list all the social, political, charitable, professional organizations which the parents(s) are part of :		
Organization	Role	Purpose of the organization

Attach the passport size photograph (please do not staple the photo)

Student's Photo	Father's Photo	Mother's Photo	Legal guardian's Photo
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The management reserves the right to determine the placement of Student in the grade level judged most appropriate for the pupil's age and school experience.



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## 5. FAMILY PARTICULARS (FILL IN BLOCK LETTERS)

### SECTION B

## (B): MEDICAL RECORD FORM

### TO BE FILLED IN BY THE DOCTOR

The medical information is strictly confidential and will be used by the school to ensure the wellbeing of your child and the school population.

### 1. DEMOGRAPHICS (ALL FIELDS ARE MANDATORY)

Blood group:	Gander:	F/M
Emergency contact ( apart from the parents and guardian mentioned above)		
(Name )	(Telephone )	(Relationship)
(Name )	(Telephone )	(Relationship)
(Name )	(Telephone )	(Relationship)

### 2. MEDICAL HISTORY

YES NO EXPLAIN (IF YES/

#### MEDICATION

1. Does your child have asthma? [ ] [ ] \_\_\_\_\_
2. Did your child have any fractures in the past? [ ] [ ] \_\_\_\_\_
3. Does your child have epilepsy? [ ] [ ] \_\_\_\_\_
4. Does your child have any allergies? [ ] [ ] \_\_\_\_\_
5. Does your child have visual problems? [ ] [ ] \_\_\_\_\_
6. Does your child have ear problem? [ ] [ ] \_\_\_\_\_
7. Does your child have any speech problems? [ ] [ ] \_\_\_\_\_
8. Is there any family history of TB? [ ] [ ] \_\_\_\_\_
9. Is there any family history of bleeding disorder? [ ] [ ] \_\_\_\_\_
10. Is there any family history of hypertension? [ ] [ ] \_\_\_\_\_

#### Heart disease or diabetes?

11. Does the child have any blood disorder [ ] [ ] \_\_\_\_\_
12. Any other information about your child's health? (Other significant illness, accidents, operations done limitations and medication). Please attach the Doctor's report.

\_\_\_\_\_  
 Family doctor \_\_\_\_\_ Tel \_\_\_\_\_  
 Parent/ guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



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## SECTION C: PARENT COMMITMENT FORM

A child's education is supported by three major components:

The student, school and the parent. It is therefore important that, there is high level of commitment from all the three components. We would be grateful if you complete the form below, in confidence, to enlighten the school about the expected Commitment from your side. We would also like you to mention referees who would be referred to should it be required.

### 1. STUDENT'S DETAILS

Student's Name in Full:	_____	_____	_____
	(first)	(middle)	(surname)
Parent's Name in Full:	_____	_____	_____
	(first)	(middle)	(surname)
Grade Applying For:		Contact of parent (Mobile No)	

### 2. DETAILS OF REFEREES:

Referees must be either parents from the Al-furqaan community or the respective community leaders to which the parent belongs.

DETAILS OF REFEREES	Referee One	Referee Two
Full Name:		
Relationship to the parent:		
Residential Address:		
Date and place of Birth:		
Telephone Number(Mobile):		
Sect (Community:)		
Marital Status:		
Business/Employment:		
Qualification:		
Nationality:		
E-Mail:		



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## 7. Declaration:

### A. we understand and agree that:

- I. Failure to disclose all necessary information on the application form; concealing pertinent information and/ or altering documents, may result in either nullification of admission offered, or expulsion/ withdrawal from the school, as per the case.
- II. Submission of this application does not automatically guarantee admission into the school. Admission is contingent on PREVIOUS ACADEMIC RESULTS, DISCIPLINE TRACK RECORD, ENTRANCE, ADMISSION INTERVIEW AS WELL AS AVAILABILITY OF A VACANCY.

### B. If our child is granted admission to the school:

- I. We will abide by rules and regulations of the School.
- II. We will make it compulsory for ourselves to attend parent-teacher-pupils conference and other meeting that the school may convene concerning our child.
- III. The recover for personal accident insurance or loss of personal possessions shall be our responsibilities and that school does not provide insurance for child taking part in any of the school's activities.
- IV. Our child shall do all the subject taught at school as the school has identified all the subjects important for the holistic development of the child.
- V. She/he shall have to participate in Extra Curricular Activities /Field -trips arranged/organized by the school.
- VI. The school may use my child's educational profile, academic performance, result, achievement s, photographs and personal information for educational planning, advertising, promotional and marketing purposes.
- VII. I, along with my legal guardian(s) give this authority, completely, and unconditionally, and indemnify the school, its management, teachers and staff from any recourse or claim, financially or otherwise. This authority shall continue unless expressly annulled by me or my legal guardian(s), in writing, in delivered to the school on a recorded basis.
- VIII. We shall express all our feedback pertaining to the school activities to the head of school. I am responsible and accountable to protect the image, sanctity and reputation of the school.
- IX. We shall be duty bound to pay the fees on time and as per payment schedule opted by us. We also understand and accept that if we fail to pay our dues as declared, our child would be barred from attending school until such time that the outstanding amount has been paid.
- X. We understand that once admission has been granted, should there be a delay in the payment of the 1st Installment; the pupil's seat shall stand forfeited.

The final decision on all matters related to the school rests with the School Management. They reserve the right to the change/modify/amend/any of its rules/regulations/ policies /fees etc. as per its discretion and without prior information to the students or the parents.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE