APPLICATION FOR ADMISSION

ZEAL SQUARE ACADEMY (ZSA)

P.O. BOX 2247, ZANZIBAR Azimio street, Saraevo, Fumba Road, West B District Zanzibar <u>Tel:+255</u> 659 531 027/0 776 998 099 E-mail: admission@zsa.ac.tz Istagram account: zealsquarecambridge



Vision

To produce the students with high creativity which can change the global challenges to global opportunities

Mission

To inspire curiosity and discovery for success in a rapidly changing world.

Motto

Dream, Believe and Achieve

Dear Parents/Guardians

I am delighted to welcome you to Zeal Square Academy (ZSA). Our aim is to nurture our students so that they find joy in learning and capable to achieve the distinction level of the Cambridge Academic performance.

Teachers work hard to make learning interesting and relevant for the children. They are committed to provide the best possible educational opportunities for all children. In partnership with parents, we grow our students into responsible citizens who are capable, and more importantly, want to make a difference in the world.

We value each student's background, culture and experience, and welcome uniqueness and diversity without biasness and discrimination.

Thank you for being part of ZSA family,

Sincerely,

Harith Ali Omar Principal, ZSA, Zanzibar

APPLICATION FORM

Please tick				
A LEVELS	A LEVELS	AS	A2	
IGCSE	SECONDARY 2 SECONDARY 1	YR 10 YR 8	YR 11 YR 9	
PRIMARY	UPPER PRIMARY LOWER PRIMARY	YR4 YR1		2R6 2R3
NURSERY	NURSERY	KG1	KG2	

Current subject combinations available for

- IGCSE (SECONDARY 2) : Physics, Chemistry, Biology, Mathematics, English as a second language/First language, Kiswahili, , Geography, Account, Economics, Business studies and other fields outdoors
- SECONDARY 1 & PRIMARY: Science, Mathematics, English, ICT and Kiswahili.

Ple	Please complete this form clearly in BLOC	CK LETTERS	
I a	am apply as a (Please tick one)	Day student	Boarder
1.	. Student's Details		
	Student's Full Name:		

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Date of BirthPlace of Birth:	Nationality:
Passport Number:	Language Spoken at Home:
Country issuing Passport:	Other Language(s) Spoken:
Student's Email Address:	Cell Phone:

School attended

i.	Name and place	year	class
ii.	Name and place	year	class
iii.	Name and place	year	class
iv.	Name and place	year	class

2. Parents/Guardians Details

Name	Nationality
E-mail:	Tel.No
Country of Citizenship:	Occupation
Company's name and address	
Relationship to Student:	
Child lives with Both parents MotherFather	Guardian

3. Guardians Details

Name	Nationality
E-mail:	Tel.No
Country of Citizenship:	Occupation
Company name and address	
Relationship to Student:	

4. Additional details

Student's expected future career(s)
Parent's desire of future career(s)
Parent's instruction for medical care in case of any emergency

Additional information can be attached to this application form on a separate sheet of paper. Please inform us on any special interest of your child and if she/he has any known medical condition/health issues or allergies which you would like us to be aware of.

NOTE:

- Please attach a photocopy of applicant's birth certificate and three passport photographs.
- Copy of the latest School Report Card If applicable [Bring original for verification]
- Application fee of TShs. 20,000/- [Non-refundable]
- Copy of the Result Slip of the Nationals examination board [Bring original for verification]
- Pupil will only be considered as a candidate for admission and entry into Zeal Square Academy Cambridge International education when the admission form has been completed and returned with all admission requirements.
- The school reserves the right to determine the appropriate year group placement for each applicant.
- The school reserves the right of expulsion for grave acts of misconduct.

DECLARATION BY PARENTS/GUARDIANS:

I do hereby assure that all the information given above are true. In case of any discrepancy found later on, the Principal reserves the right to cancel the admission. In case of any change regarding above information I will immediately inform the Principal. I will stand with the school authority for any action taken by the Principal for the betterment of the child. I also undertake to pay the school fee as prescribed in the school fee structure which I have read carefully. I hereby authorize the Principal to take any suitable action for the betterment of the child.

Signature of Student

Signature of Parents/ Guardian and date

FOR OFFICIAL USE ONLY

Comments & Recommendation: