

ADMISSION

ZEAL SQUARE ACADEMY (ZSA)

P.O. BOX 2247, ZANZIBAR Azimio street, Saraevo, Fumba Road, West B District Zanzibar

Tel: +255784233713/0773 216 938

E-mail: admission@zsa.ac.tz

Istagram account: zealsquarecambridge

Vision

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

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 thatthey 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, Η ar it h Al O m ar Pr in ci pa 1, ZSA,

Please tick

Zanzibar

APPLICATION FORM

A LEVELS	A LEVELS	AS	A2	

IGCSE	SECONDARY 2 SECONDARY 1	YR 10 YR 8	YR 11 YR 9	
PRIMARY	UPPER PRIMARY	YR4	YR5	YR6
	LOWER PRIMARY	YR1	YR2	YR3
NURSERY	NURSERY	KG1	KG2	

•	GCE (Cambridge) A-Level Syllabus: PCB, PCM, CBG, PGM, EGM, PsCB (Ps
	= Psychology) and CBN (Nutrition)
	Preferred Subject Combination: [1st Choice] [2nd Choice]

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

Please complete this form clearly in **BLOCK LETTERS**

I a	am apply as a (Please tick one)	Day student	Boarder
•	Student's Details		
	Student's Full Name:		
	Date of BirthPlace of I	Birth:	Nationality:
	Passport Number:	Language	e Spoken at Home:
	Country issuing Passport:	Other Lan	guage(s) Spoken:
	Student's Email Address:		Cell Phone:

School attended Name and place		•••••		yea	ır
ass ii. Name an	d place				
ear	class	iii.	Name	and	place
			year	class	iv.
ame and place				yea	r
ass					
Parents/Guardians	Details				
Name					Nationality
E-mail:		••••••	Т	el.No.	
Country of Citizensh	•		O	ccupation	
Company's	name		and		address
Relationship to Stude					
Child lives with	Both parents	M	otherFather	Guard	lian
Guardians Detail	ils				
Name		•••••			Nationality
E-mail:			Те	el.No.	
Country of Citizensh	-		O	ccupation	

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 Guardian and date

Signature of Parents/

FOR OFFICIAL USE ONLY

Comments & Recommendation: