

Application of New Enrollment



Student Information

Last Name: _____	First Name: _____
Middle Name: _____	Preferred Name: _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: _____
Primary Language: _____	Nationality: _____
Address: _____	
Street	City
Region	
Preferred Telephone Number _____	

Choose your enrollment options. You must submit an application for each child you wish to enroll.

Full Day sessions are Monday through Friday beginning at 8:30 AM and ending at 3:00 PM.

Half Day sessions are Monday through Friday beginning at 8:30 AM and ending at 12:00 PM.

<p>Early Learning Sessions (Mark one)*</p> <p><input type="checkbox"/> Preschool (age 2) Half day</p> <p><input type="checkbox"/> Preschool (Age 2) Full Day</p> <p><input type="checkbox"/> Preschool (Age 3) Half Day</p> <p><input type="checkbox"/> Preschool (Age 3) Full Day</p> <p><input type="checkbox"/> Reception (Age 4) Half Day</p> <p><input type="checkbox"/> Reception (Age 4) Full Day</p> <hr/> <p>Grade Levels (circle one)**</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11</p>	<p>Lunch/Snack Options (Mark one)</p> <p><input type="checkbox"/> Daily morning snacks AND lunch</p> <p><input type="checkbox"/> Daily morning snacks only</p> <p><input type="checkbox"/> Daily lunches only</p> <hr/> <p>School Bus Options *** (Mark one)</p> <p><input type="checkbox"/> Morning pickup from home</p> <p><input type="checkbox"/> Afternoon drop off from school</p> <p><input type="checkbox"/> Both pickup and dropoff</p> <p>*** School bus transportation is limited and by reserved seating only. Please indicate if you would like transportation and we will contact you after your application has been received if a seat is available.</p> <p>The transportation fees can be found on the Fee schedule.</p>
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* Hope School accepts students into the preschool class who are potty trained and have turned 3 years old by August 1. If your child applies for the 2, 3, or 4 year old class, there will be a contract explaining age requirements for this grade level.

**Grade Level placement is based on criteria including: age, previous schooling, and placement test.

Has the applicant previously applied to Hope?

Yes No

If yes, what year? _____

Parent/Guardian Contact Information:

Please provide the following so that we have your current contact information.

This information will be used by the school to send emails and texts concerning your child's attendance and school updates at Hope. We encourage you to check your emails regularly and enroll in WhatsApp if you have not already as those are the two primary forms of communication used by classroom teachers and administration to get important information to our families.

Does your family have access to email at home? Yes No

Parent/Guardian 1

First Name	_____	Last Name	_____
Relation to Child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian		
Address (if different than student)	_____		
	Street	City	Region
Preferred Phone Number	_____	WhatsApp Number	_____
Email Address	_____		
Does the child live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Religious Affiliation

Employer	_____	Length of Employment (years)	_____

Parent/Guardian 2

First Name	_____	Last Name	_____
Relation to Child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian		
Address (if different than student)	_____		
	Street	City	Region
Preferred Phone Number	_____	WhatsApp Number	_____
Email Address	_____		
Does the child live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Religious Affiliation

Employer	_____	Length of Employment (years)	_____

If parents are divorced or separated, to whom should correspondence be sent?

Person financially responsible for tuition? (if different from parents above)

First Name _____	Last Name _____	
Relation to Child _____		
Address (if different than student) _____		
Street	City	Region
Preferred Phone Number _____	WhatsApp Number _____	
Email Address _____		

Sibling Information

Knowing if a new student has brothers and sisters helps us understand family dynamics and helps us to better understand a student. Please list the names and ages of sisters and/or brothers living with the applicant:

Name	Age	Current School

Does the applicant have sibling(s) applying to Hope International School this year? Yes No

If yes, please list below:

Name	Grade Level

Authorized Pickup Persons

Please list the names of individuals approved to **pick up** your child/children from school.

Name	Relation	Phone Number

CURRENT SCHOOL INFORMATION

Present School _____ Grade _____

Address _____ City _____ Region _____

Country _____ Telephone _____

How Did You Hear About Hope?

Please let us know how you heard about our school.

PAYMENT PLAN OPTIONS

I will adhere to the following payment plan for the academic school year:

<input type="checkbox"/>	<p>Annual Payment</p> <p>Payment is due no later than the first school business day in August and tuition must be paid in full for the academic school year. A 5% discount will be applied to tuition ONLY.</p>
<input type="checkbox"/>	<p>Semi-Annual Payment</p> <p>Tuition will be paid in two installments: half of the annual tuition is due by the first school business day in August and the remaining balance is due no later than the first school business day in January. A 3% discount will be applied on tuition ONLY to the January payment. If the second installment is received after the first school business day of January, the 3% discount will be forfeit.</p>
<input type="checkbox"/>	<p>Quarterly Payments</p> <p>Payments are due by the first school business day in August, November, February, and May.</p>
<input type="checkbox"/>	<p>10 Monthly Installments</p> <p>Payments are due by the first school business day of the month beginning with August.</p>
<p>*If payments become delinquent for more than 30 days, HOPE reserves the right to allow entry of the student on campus until payments are made.</p> <p>**Refer to the "Parent/Guardian & Student Responsibilities & Commitments Contract" for full contractual obligations.</p> <p>***If assistance from Hope International School in obtaining a student visa is required by the enrolling family, a \$50 USD per visa administration fee will be applied.</p> <p>****For foreign nationals, proof of current resident status must be submitted with the re-enrollment paperwork.</p>	

NONDISCRIMINATORY POLICY TO STUDENTS

Hope International School (Hope) admits students regardless of race, color, religion, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Hope does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs.

I understand that enrollment at Hope International School is a privilege, not a right. I understand that a completed application, the deposit fee paid in full, and acceptance into Hope are required to guarantee placement for the school year. Depending on the child's age and/or grade level, an assessment may be performed to determine appropriate placement.

Parent Name _____ Date _____

Parent Signature _____ **if signing digitally, type your name*

For Office Use ONLY:

Application Received Date: _____ Curriculum Fee Received Date: _____

First time enrolling family: Yes No

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Parent/Guardian & Student Responsibilities & Commitments Contract

Hope International School

Student Name _____

As a parent/guardian, I commit to:

1. **Philosophy:** We understand the mission, purpose, philosophy and General Statement of Faith that Hope International School operates under. By signing this parental agreement, we agree to read the handbook and commit to support and cooperate with the school and work toward a positive partnership with the philosophy, standards, and expectations set by the school. We also agree to share any pertinent information with our child/children.
2. **Discipline:** We believe that discipline and coaching are necessary for the benefit of each student as well as the entire school and we give permission to the teachers and administration to make and enforce school regulations in accordance with applicable Tanzanian Laws and in a manner consistent with Christian principles and discipline as set forth in the scriptures.
3. **Partnership:** We further agree that in areas of discipline we will partner with the school as needed and will require our child to comply with all school regulations. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child to show respect for those in authority over them in school.
4. **Cooperation:** Work with school staff to promote appropriate speech, behavior, and social development in each student.
5. **Attendance:** Ensure that my student is in school every possible day with the necessary books, materials, and supplies.
6. **Arrival:** Make sure that my student arrives at school with ample time to organize books and supplies, and be seated in class by 8:30 am.
7. **Pick Up:** Pick up the student within 15 minutes of the end of the school day, 3:00 pm, or make arrangements for another parent or person to pick the child up or wait with the child until the parent can arrive.
8. **Meetings:** Attend all parent/teacher meetings and conferences. If a parent is unable to attend at the designated time, they must call the school to arrange an alternative time.
9. **Communication:** Check my child's backpack for communication from HOPE and follow up appropriately and to check email/WhatsApp/SMS messages regularly.
10. **Homework:** Provide my child/children with a quiet, distraction-free environment for special homework projects. Provide guidance and encourage my child to complete their projects and hand them in on time.
11. **Damages:** Pay for any damages caused by our child/children. i.e. Broken windows, damaged books, desks, chairs, etc.
12. **Activities:** We give permission for our child to take part in all school activities, including school sponsored trips away from school premises which will require a parental permission slip.
13. **Liability:** We release Hope International School and all teachers, helpers, and administrators from all liability, except negligence, while our child is under school care and responsibility.
14. **Placement:** We understand that the school has full discretion in the class placement of our child.

15. **Grievances:** We pledge our loyalty to the aims and ideals of the school and will bring any and all questions and concerns directly to the teacher or administration so that they may be properly considered by those in authority. We will endeavor to communicate any grievances honestly and directly to those involved following the principles as described in the Bible, Matthew 18:15-17.
16. **Illness:** We understand that in the event our child becomes ill or sustains an injury which is of an emergency nature while in the care of HOPE, the child may be transported to the nearest hospital for care. If the illness or injury is of a less serious nature, HOPE personnel may evaluate and treat if necessary and notify us. If the child gets an open wound, we give permission for HOPE staff to clean it with antiseptic cream and cover it with a bandage.
17. **Medications:** No medications will be given without written permission from the parents. We understand that all medication brought to the school must be in the original labeled container and should be given to the office for dispensing, including cough drops. If prescribed medication is to be administered by HOPE personnel, a form will need to be filled out and signed by the parent and doctor.
18. **CPR:** We give permission for HOPE staff to administer first aid or CPR as deemed necessary.
19. **Finances:** We agree to fulfill all financial obligations in a prompt and responsible manner. We understand that if paying tuition over 10 months, payments are due by the 1st school business day of the month beginning with August. If paying quarterly, payments are due on the 1st school business day of August, November, February, and May. Payments after these dates will result in a late fee of \$20 USD. We understand that if our account is delinquent more than 30 days, HOPE reserves the right to remove our child from the school. We agree to fulfill all financial agreements as stated in this document, even if our child is withdrawn. We understand that report cards, transcripts and diplomas will be withheld unless financial obligations have been met in full.
20. **Financial Discounts:** A discount of 5% off tuition ONLY will be applied if the student's tuition is paid in full by the first business day in August. Families are eligible for a 3% discount off tuition ONLY if half of the tuition is paid by the first business day of August and the **remaining balance** is paid in full by the first school business day in January. **This discount will be forfeit if the second installment is late.**
21. **Curriculum Fee:** We agree to pay the curriculum fee by 12 May (see fee schedule), or promptly after the enrollment application is submitted if submitted after this date, in order for our child to begin the school year with materials. We understand that the curriculum fee is non-refundable after 20 June. There will be a 10 business day grace period for refunding the curriculum fee. If registration is withdrawn within the 10 business days, the curriculum fee will be refunded minus any service fees that were accrued by HOPE.
22. **Payments:** We agree to make all tuition payments in TZS (at current daily exchange rate) or USD. We understand that all payments must be made directly to KCB, Mkombozi, CRDB, or NMB bank. No cash will be accepted on school premises for tuition or fee payments.
23. **Defaulter's Contract:** We understand that if payments become 30 days or more delinquent, we will be required to sign a defaulter's contract. Our child/children will not be allowed to attend HOPE until the contract is signed and a defaulter's payment plan has been established and agreed upon.
24. **Family Information:** We understand that our names and contact information have been added to the schools database and we may receive school publications and emails. We also understand that the names, addresses, and phone numbers of grandparents listed will be added to the same database. This information may also be published in a parent directory, but will not be used for advertising or selling.
25. **Pledge:** We, as the parents/guardians of the student applicant, do sincerely give our pledge to the above items. We understand that failure of the parents or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student's privilege and standing.
26. **Student Expectations:** At HOPE, we believe that ALL people have value and are therefore entitled to be treated with HONOR. HOPE students are expected to be OPTIMISTIC. This means being positive, hopeful, and encouraging to one's self, peers, and adults at all times. HOPE students are expected to be

POLITE. Rude or demeaning comments or actions are not acceptable. HOPE students are expected to SHOW EXCELLENCE in all they do. This means students should give their best effort in all they do.

Signature of Father/Stepfather/Guardian
**if signing digitally, type your name*

Date

Signature of Mother/Stepmother/Guardian
**if signing digitally, type your name*

Date

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Photograph & Video Release Form

I hereby grant or deny permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area, such as use on the Hope International School Website.

Photographic, audio or video recordings may be used for the following purposes:

- Conference/educational presentations
- Newsletters and other school correspondence
- Informational presentations
- Educational videos
- Marketing

By granting permissions I understand this signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Choose One:

- Grant: Parent allows all, unrestricted usage of child's image/video, as stated above.
- Deny: Child's image may not be used in any way.

Student's Full Name _____ Level _____

Parent/Guardian Signature _____ Date _____

**if signing digitally, type your name*

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School Medication Authorization Form

A new form must be completed every school year for any child on prescription medication.
Form to be kept in the student's file in the admin building.



To be completed by the child's parent/guardian.

Student's Name: _____ Birth Date: _____ Age: _____

Level (check one): PS R 1 2 3 4 5 6 7 8 9 10 11

Mother Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

To be completed by licensed medical professional only for students requiring prescription medication, please write clearly in ALL CAPS.

Doctor's Name: _____ Phone: _____

Office/Location: _____

Medication* Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time to be administered: _____

Special Directions: _____

Diagnosis Requiring Medication: _____

Is it necessary for this medication to be given during school? Yes No

Expected side effects, if any: _____

Doctor's Signature: _____ Date: _____

**If more than one medication is prescribed, please fill out the back of this form.*

To be completed only for students requiring asthma medication or an EpiPen:

I authorize Hope International and its employees to allow my child to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities.

If you agree, please sign here: _____

**if signing digitally, type your name*

For ALL parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of medical emergency, I hereby authorize Hope International School and its employees, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer while under employee supervision), lawfully prescribed medication in the manner described above. I agree to indemnify and hold harmless Hope International School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Signature _____

Date _____

**if signing digitally, type your name*

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Early Learning Policy

Complete this only if enrolling in Preschool or Reception

Hope International School's Pre-Cambridge early learning course in full is a progressive, 3-4 year program designed to prepare and equip our youngest children for Level 1 and beyond. It focuses on the holistic emotional and intellectual development necessary for students to engage effectively with their future education as leaders in their learning environment. To safeguard this intention, Hope has established firm guidelines on its Preschool enrollment process, which are as follows:

- You **MUST** be **age 2-3** to enter the Combined Preschool class. Students that enroll at age 2 will spend 2-3 years (depending on enrollment date) in this combined class configuration.
- You **MUST** be **age 4** to enter the Reception class.
- You **MUST** be **age 5** to enter the Level 1 class.

As indicated above, Hope is committed to **1 August** as a cut-off date for admission purposes. As such, each early learning child is required to participate in their assigned class that is determined by date of birth, without exception. Hope seeks to provide an early learning experience that is in line with our core values and desire to encourage a high level of confidence and creativity in every student. All parents/guardians are therefore expected to trust and abide by this enrollment policy for the benefit of their child's development and wellbeing.

Receipt and Acceptance

I hereby acknowledge and accept Hope International School's early learning policy. I understand that it is my responsibility to respect and adhere to Hope's age-based enrollment guidelines. I recognize that if I am not in agreement with the above policy at any time, I can withdraw my child from the early learning program at Hope International School.

Student Full Name _____

Parent/Guardian Name _____

Parent/Guardian Signature* _____

Date Signed _____

**if signing digitally, type your name*

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Transportation Liability Waiver & Agreement

Complete this only if you request the transportation option.

I, the parent/guardian of _____ give permission for
Child's Full Name
my child to be transported to and/or from school for the academic school year.

I, as the parent/guardian of the aforementioned minor, hereby consent and agree to hold harmless Hope International School and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity. I understand that my child will be riding with a licensed adult driver, driving a privately owned vehicle.

I understand that it is the policy of Hope International School that all children are seated on the bus while it is moving, securely buckled in place by the seat belts provided. Any child that does not follow this protocol, or is causing disruptions that hinder the driver's ability will be given a Pink Slip. After three (3) Pink Slips issued, the child will no longer be allowed on the bus for safety reasons.

I also understand that the bus runs on a time table and it is my responsibility to have my child ready at the time required for pick up. The bus will wait at the gate for two minutes only, and after that it is my responsibility to find transportation for my child that day. At drop off time, it is my responsibility to ensure an adult is available to care for my child as soon as my child is off the bus.

I give permission for my child, in case of emergency, to be taken to a physician or hospital. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician to secure proper treatment for my child.

Parent/Guardian Name: _____

Parent/Guardian Signature*: _____ Date: _____

**if signing digitally, type your name*

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2024-2025 Tuition & Fees Schedule

Tuition Schedule

Grade	Curriculum	Tuition	Total Annual Cost
Daycare, Preschool and Reception - Half Day	\$350	\$1,750	\$2,100
Daycare, Preschool and Reception - Full Day	\$350	\$2,150	\$2,500
Level 1	\$350	\$3,150	\$3,500
Level 2	\$350	\$3,250	\$3,600
Level 3	\$350	\$3,450	\$3,800
Level 4	\$350	\$3,750	\$4,100
Level 5	\$350	\$3,850	\$4,200
Level 6 *	\$350	\$3,950	\$4,300
<u>Lower Secondary</u> Level 7	\$350	\$4,050	\$4,400
Level 8	\$400	\$4,350	\$4,750
Level 9 *	\$400	\$4,550	\$4,950
<u>Upper Secondary</u> Level 10	\$400	\$5,500	\$5,900
Level 11 **	\$400	\$5,800	\$6,200

*An additional **\$300 exam fee** will be required for Level 6 and Level 9 at the beginning of the school year.

An additional fee will be required in Level 11 for IGCSE exams of approximately **\$100 per IGCSE subject.

All grade levels are aligned with Cambridge International standards.

All students must be the appropriate grade level age by 1 August to enroll. i.e. to enroll in preschool, students must be 3 years old by 1 August of the calendar year; to enroll in Level 4, students must be 8 years old by 1 August of the calendar year.

Snack & Lunch Fee Options (Full Year)

Option	Annual Cost
Morning Snack & Lunch	\$650
Morning Snack ONLY	\$200
Lunch ONLY	\$450

Discounts (Additional Form Required)

Discounts and prorated tuition are applied to tuition only, not the curriculum fee, meals, or transport.

1st Child (with largest annual tuition)	No discount
2nd Child	15% off tuition
All Additional Children	25% off tuition

Future Capital Development Fee

One time Future Capital Development fee: **\$300 per family**, payable at the time of joining the school.

Application Fee

10,000 TZS payable at time of collecting the application form.

Transportation Fees

Optional: first-come, first-served basis on space availability

Zone A (Kibosho Rd, Technical, Magereza, Mashine)	\$400/year round trip
Zone B (Weru Weru, Maili Sita, Memorial, Kibosho Rd ya Chini)	\$750/year round trip
Zone C (Soweto, Shirimatunda, Shanty Town, Moshi Town)	\$1,050/year round trip
Zone D (KCMC, Majengo, KDC, Pasua, Rau, Bonite)	\$1,400/year round trip
Zone E (Kwa Mtei, Kiboroloni)	\$1,750/year round trip

Tuition Payment Policies

All tuition payments **MUST** be made directly to the bank or through M-Pesa. **NO** cash will be accepted at the school for tuition payments. Payment receipts must be turned in to the office within two (2) business days of the deposit.

Tuition payments may be made monthly, quarterly, semi-annually, or in one annual payment.

Hope International School academic transcripts will not be released to any other school unless all tuition and late fees have been paid in full.

Payment Arrangements

Tuition payment may be paid in **Tanzanian Shillings** (at current daily exchange rate), **U.S. Dollars**, or **Wire Transfer**.

If you are making a payment directly to our KCB or Mkombozi accounts please bring the original receipt you are given from the bank to the finance office at Hope International School and a school receipt will be issued to you.

KCB account info: Global Effect Limited-Hope (USD) Acct.# 3300787033; (TZS.) Acct.# 3301093485

NMB account info: Hope International School-(USD) Acct.# 40310099792; Acct.# (TZS) 40310099791

CRDB account info: Hope International School: (USD) Acct.# 0250594458200; (TZS) Acct.# 0150594458200

Payment Plan Options

- **Annual Payment:** Payment is due no later than first school business day in August and tuition must be paid in full for the academic school year. A 5% discount will be applied to tuition ONLY.
- **Semi-Annual Payment:** Tuition will be paid in two installments: half of the annual tuition is due by the first school business day in August and the remaining balance is due no later than the first school business day in January. A 3% discount will be applied on tuition ONLY to the January payment. If the second installment is received after the first school business day of January, the 3% discount will be forfeit.
- **Quarterly Payments:** Payments are due by the first school business day in August, November, February, and May.
- **10 Monthly Installments:** Payments are due by the first school business day of the month beginning with August.

Late Payment Fee

A \$20 USD late fee will be added to all payments that are not made by the appointed due date.

Defaulter's Contract

If payments become 30 days or more delinquent, a meeting will be called and a defaulter's contract will be signed by the owing family. Students that are under defaulted payments will not be permitted to attend HOPE until the contract is signed and a default's payment plan has been established and agreed upon.

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