



2024-25 NEW STUDENT APPLICATION FORM

(Please print/type using CAPITAL LETTERS and a blue pen/font color)

1. STUDENT DETAILS (As mentioned in the passport or birth certificate)

Surname _____ First names _____

Date of Birth (month/day/year) _____ Nationalit(y) (ies) _____

First Language _____ Other Languages _____

Number of siblings _____ Passport Number _____

2. PARENT'S DETAILS (As mentioned in the passport or birth certificate)

Father's name (Surname/First names) _____

Employer's Name _____ Position _____

Work Tel # _____ Personal Tel # _____

Email address: _____ WhatsApp Tel# _____

Nationality: _____ Passport #: _____

Mother's name (Surname/First names) _____

Employer's Name _____ Position _____

Work Tel # _____ Personal Tel # _____

Email address: _____ WhatsApp Tel# _____

Nationality: _____ Passport #: _____

Married Divorced Separated Single

Name of parent/guardian with custody of child (Attach court order)

Home address with reference

3. ALTERNATIVE/EMERGENCY CONTACT

If the school is unable to contact you in an emergency, please provide alternative contacts.

Contact name _____ Relationship to child _____

Tel Number _____

4. PREVIOUS SCHOOL'S DETAILS

- 1) Student has successfully completed grade _____ in the 2023-24 academic year and applying for _____ in this new Academic Year.
- 2) Student has **unsuccessfully** completed _____ in the 2023-24 academic year and is re-applying for this class in the new Academic Year.

Last school attended _____

Email address _____ Tel Number _____

Reason for leaving _____

How many schools previously attended _____

FLA: Nurturing Minds & Shaping Futures



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The FLA team reserves the right to contact any student's previous school for information that will provide more insight into the child's academic performance and integration.

5. AGREEMENT

I _____, understand that in order for F.L.A to consider my
(Parent's surname, first name)

child's application, clear and legible copies of the below documents must be submitted and attached to this application form and I have also read and understood the 2024-25 FLA PARENT INFORMATION BOOKLET in its entirety, and agree to abide by F.L.A's Rules & Regulations, Policies and Processes. I hereby declare that all the information given is true and accurate to the best of my knowledge.

APPLICATION PROCESS (Please tick)

- Stage 1: Enquiry/Visit to FLA online or onsite
- Stage 2: Online Application and Document Submission
- Stage 3: Entry Assessments (FLA)
- Stage 4: Review Process (FLA)
- Stage 5: Directors' Decision (FLA)

CHECKLIST (Please tick)

The following forms duly completed and signed:

- FLA New Student Application Form or FLA ReEnrollment Form, (Sections 1-5) inclusive of;
 - FLA Student Medical Release Form (Section 6)
 - FLA Media Consent & Agreement (Section 7)
 - FLA Payment Contract & Agreement (Sections 8 & 9)
- FLA Parent Code of Conduct Agreement (Attached PDF document)

One Photocopy of my child's:

- Immunization records
- Passport biometric page
- Visa for Foreign Students
- Birth Certificate
- Latest school reports

Also provide:

- 2 Passport size pictures (dated no longer than 6 months)
- "New Student Recommendation Letter" from their previous school for Grade 1-9 applications
- "Transfer Certificate" for students transferring from another school in the middle of an academic year.
- Students transferring from another school must provide the previous school's report card and transfer certificate.
- Proof of registration (\$300) and placement test (\$100 for Sr.KG – Grade 9) payment.

I understand that I am now at Stage 2 of the Application Process, and the Application review may result in four possible outcomes.

- Full acceptance
- Conditional acceptance
- Waiting list
- The candidate is not accepted

Parent/ Guardian Name _____ Date _____ Signature _____



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6. FLA STUDENT MEDICAL RELEASE FORM *(This form will be submitted to the SOS Infirmary)*

Surname _____ First names _____

Date of Birth (month/day/year) _____ Grade _____ Height _____ Weight _____

Please check the below boxes to authorize each medication clearly and sign below for consent of medications which can be administered to your child for minor injuries or complaints when necessary:

- DOLIPRANE for fever or pain;
 HYDRO CORTIZONE for allergies;
 VENTOLIN INHALERS/ SYRUP for acute respiratory difficulty
 ANTI-INFLAMMATORY e.g. Ibuprofen tablets for minor injuries and pain
 Anti-spasmodics. Eg SPASFON/DROTAVERINE for stomach cramps, digestive disturbance and period pain.

Please answer the following questions (If you answer "YES" please give all necessary details):

1. Does the student have a medical diagnosis of a chronic health problem such as diabetes, tuberculosis, epilepsy, cystic fibrosis, asthma, muscular dystrophy, respiratory disorder, haemophilia etc.? **YES/NO**

2. Does the student have a condition which affects learning e.g. ADHD, dyslexia, dyscalculia etc? **YES/NO**

3. Does the student receive ongoing medication for physical or emotional problems? **YES/NO**

4. Does the student require educational support to date? **YES/NO**

If you answered yes to questions 2,3 or 4 please give the details of any medication and dose plus the medical/educational/neurological psychologist report for the condition.

5. Known allergies (particularly drug allergies): _____
6. Medications NOT to be administered to my child: _____
7. Has the student had any surgical operations: **YES/NO** _____
8. Does the student have any problems with vision? **YES/NO** _____
9. Has the student had a sight test within the past 12 months **YES / NO** (1-2 yearly review recommended)
10. Does the student hear well? **YES/ NO** _____ 11. Date of last tetanus vaccination _____

Has the student completed his/her immunization program, as appropriate for his/her age? **YES/NO** –

If **no**, please note what is missing: _____

I understand that any special educational, social / emotional, physical or behavioral issues and needs must be described in detail in the application for admission. Reports or professional assessments, along with details of extra support the applicant is receiving, should also be provided at the time of application. Failure to fully disclose such information at this time may result in revocation of admission or, if discovered after enrolment, require withdrawal from FLA. Should significant social, emotional, behavioral issues or learning difficulties become apparent following enrolment, FLA reserves the right to review a student's progress and determine the appropriateness of his/her continued enrolment in FLA. This review will include close consultation with parents but may also involve requesting parents to obtain external assessments. If the school determines that they are unable to accommodate a student's special needs, or if parents are unwilling to obtain requested external assessments, parents will be directed to more suitable options and the student may not be able to continue enrolment at FLA.

PARENTAL CONSENT

I have understood and agree to all the above and give consent for my child to be taken to the SOS infirmary in case necessary. I understand that in the event of an extreme emergency, it may be necessary to transport my child to the nearest hospital where their condition can be stabilized.

Parent/ Guardian Name _____ Date _____ Signature _____



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7. FLA PARENT MEDIA CONSENT FORM & AGREEMENT

Student Surname: _____ First names: _____ Grade: _____

Photos, video footage and work samples of students are used regularly by schools for a number of purposes. These situations are generally for the purpose of acknowledging the efforts of the student or the school, or for promotion of the school or education. Consent, from a parent or guardian of the student, for use of the photos, video footage and work samples for marketing and/or promotional purposes is needed. We ask parents or guardians to complete and sign the Media Consent Form. The Media Consent Form will be placed in the student's file or record at F.L.A and will be retained by F.L.A. If requested, a copy of the form will be made available. This consent, once given, will be amended or revoked only upon receipt of written notification from the parent/ guardian who gave it originally or individual (if over 18 years of age). Parents and/or guardians should notify the F.L.A Office immediately if any circumstance arises that would prevent F.L.A from using their child's photo, video images or work samples. No remuneration is offered to students or parents for whom consent is given to take part in marketing or promotional activities whether at the school or other location.

Consent Given

I do do not give permission for photos, video/audio and samples of work created or contributed to use, recording or disclosure of the individual's name, recording or image, individual work and personal information, including but not limited to: • any activities engaged in during the ordinary course of the provision of education and training by the school or other agencies • assessment of students and other purposes associated with the provision of education; • public relations, promotion, advertising, media and commercial activities; • use by the media in relation to activities that show the Individual in a positive light, e.g., drama and musical performances, sports and prize giving; • any other activities as sanctioned by F.L.A. I acknowledge that the material may continue to be used for a number of years, even once the person below has left his or her current school, and that some of the products in which the material is used may have extended longevity. 'Use' includes: – to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion; and – to distribute, publish or communicate in any form, including in newsletters and other print media, television and the internet, in whole or in part, and to permit other persons to do so.

Name of Parent/Guardian _____

Signature of Parent/ Guardian _____ Date _____

How did you hear about F.L.A?

Friends/Family Website Advertisement Other _____



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8. MY PAYMENT CONTRACT

Student Surname: _____ First name: _____ Grade: _____

Instructions: Please read the **FLA Parent Information Booklet 2024-25** for details needed to complete the below.

All of the following 1st PAYMENT fees must be paid in full, prior to the first day of class;

MY 1 st PAYMENTS	March	April	May
Registration (New Students) \$			
Entrance Tests (Sr. KG to Grade 9) \$			
School Uniforms \$			
Activities Uniforms \$			
Supplies \$			
Learning Materials \$			
Family Pictures (Optional) \$			
Student/Class Photos (Optional) \$			
MY TOTAL COST \$			
My first payments will be made in 1 2 3 installments: (circle one)			
\$ _____ by March 31 st \$ _____ by April 28 th \$ _____ by May 31 st			

2nd PAYMENTS due will be of **Tuition Fees, After Care, lunch, and snack**, and are due within the first five days of each month/ trimester/year.

MY 2 nd PAYMENTS	YEARLY	TRIMESTERLY	MONTHLY
Tuition Fees for Class/Grade _____ Option 1 or 2 \$			
Aftercare (Optional) \$			
Lunch (Optional) \$			
Snack (Optional) \$			
MY TOTAL COST \$			

Yearly Full Payment Due by August 15th 2024

Trimester Payment Schedule;

1st Trimester Due Date: August 15th 2024
 2nd Trimester Due Date: November 15th 2024
 3rd Trimester Due Date: February 14th 2025

Monthly Payment Schedule;

Due Dates; 1st 5 days of each month starting September ending June for a total of 10 months.



2024-25 PAYMENT CONTRACT

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9. MY PAYMENT AGREEMENT WITH FLA

I _____, understand that all fees paid are Non-
(Parent's surname, first name)

Refundable. If I wish to withdraw my child from FLA, a written notice is required 1 trimester prior to the withdrawal date. The next payment(s) (Monthly or by Trimester) will still be due, even if the child will not be attending school. Registration is for 1 Academic Year.

All of my payments must be made directly to the office in cash (if under \$50), paid by debit or deposited directly into FLA's bank account. Post-dated cheques and cash exceeding \$50 will not be accepted in the office. It is my responsibility to always obtain a receipt upon payment(s), whether it is from the office or the bank. The responsibility will be mine, in case proof of payment should ever be requested from FLA.

FLA's BANKING INFORMATION

EQUITY BCDC BANK: Future Leaders Academy

IBAN: 00018000050144552120046 USD

SWIFT CODE: BCDCCDKI

RAWBANK: Future Leaders Academy

ACCOUNT #: 05100 45101 01033109701 79

SWIFT CODE: RAWBCDKI

I understand that if I decide to change my payment option to another payment frequency, after signing this Payment Contract, penalty fees will be applicable. I also understand that if payments are not received within the first 5 academic days, penalty fees of 10% will apply the first week, and increase over the course of the month.

I understand that the "1st Payment" fees and future payments, must be paid in full to Future Leaders Academy to ensure my child's placement. If payments are not received within the dates stipulated in my payment contract, F.L.A holds the right to withhold my child's placement, report cards, and seat for examinations. If payments are not received within 30 days, F.L.A has the right to automatically withdraw my child from his/her class.

I have read and understood the **FLA Parent Information Booklet 2024-25** in its entirety and agree to abide by F.L. A's Rules & Regulations, Processes and Policies. As FLA prioritizes the academic excellence and behavioral alignment of its students and parents with the mission and values of the school, this collaboration is considered during the admission process and throughout the academic year.

I hereby declare that all the information given is true and accurate to the best of my knowledge. I have understood that to enroll and secure my child's place with F.L.A, my payments will need to be submitted, as described, within the allotted times, and my child's behavior as well as mine, must be consistent with the values and mission of FLA, acceptance, or non-acceptance of the child's application, will be at the Directors' discretion, throughout the academic year.

Parent Signature: _____ Signed in Kinshasa, DRC on the date of _____