



2025-26 New Student Application Form

(Please type or print using CAPITAL LETTERS and a blue or black pen)

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 2024-25 academic year and applying for _____ in this new Academic Year.

2) Student has **unsuccessfully** completed _____ in the 2024-25 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 _____



2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)

5. 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 and 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 Full Name: _____

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



2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)

6. 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 several 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.

Parent/Guardian Full Name: _____

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

How did you hear about F.L.A?

Friends/Family Website Advertisement Other _____



2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)

7. MY PAYMENT CONTRACT

Student Surname: _____ First name: _____ Grade: _____

I have read and understood the **FLA Parent Information Booklet 2025-26 Part 2** and obtained the details needed to complete the below from there.

ONE TIME FIRST PAYMENTS						TOTAL IN USD
CLASS	Registration & Placement Tests	Academic Uniforms	Activities Uniforms	Supplies & Learning Materials	Family Photo	
New Preschoolers	\$300					
Daycare/Toddler				\$385		
Pre-KG				\$585		
Kindergarten				\$610		
New Sr. Kindergarten	\$400			\$610		
New Grades 1-3				\$865		
New Grades 4-5	\$400			\$975		
NEW SEN Center	\$400			\$660		
New Grade 6-9	\$400			\$1175		

NOTE:

I understand that my child will only be considered as enrolled with FLA and may attend class once all forms have been duly submitted and signed and ALL above first payments have been made in its entirety.

Parent/Guardian Full Name: _____

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

2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)



Select Yearly, Trimester or Monthly as your payment option.

SECTIONS	MEAL OPTIONS WARM LUNCH AT 11 AM SNACKS AT 9:30 AM Note: Dec & June are half.	OPTION 1-TUITION ACADEMIC 7:00-12:00	OPTION 2- TUITION ACTIVITIES 7:00-13:30								
PRE-SCHOOL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">LUNCH</td> <td style="width: 50%;">SNACK</td> </tr> <tr> <td><input type="checkbox"/> Y=\$1260</td> <td><input type="checkbox"/> Y=\$810</td> </tr> <tr> <td><input type="checkbox"/> T= \$420</td> <td><input type="checkbox"/> T= \$270</td> </tr> <tr> <td><input type="checkbox"/> M=\$140</td> <td><input type="checkbox"/> M=\$90</td> </tr> </table>	LUNCH	SNACK	<input type="checkbox"/> Y=\$1260	<input type="checkbox"/> Y=\$810	<input type="checkbox"/> T= \$420	<input type="checkbox"/> T= \$270	<input type="checkbox"/> M=\$140	<input type="checkbox"/> M=\$90	<input type="checkbox"/> Yearly \$3645 <input type="checkbox"/> Trimester \$1215 x 3 <input type="checkbox"/> Monthly \$435 x 10	<input type="checkbox"/> Yearly \$4425 <input type="checkbox"/> Trimester \$1475 x 3 <input type="checkbox"/> Monthly \$525 x 10
LUNCH	SNACK										
<input type="checkbox"/> Y=\$1260	<input type="checkbox"/> Y=\$810										
<input type="checkbox"/> T= \$420	<input type="checkbox"/> T= \$270										
<input type="checkbox"/> M=\$140	<input type="checkbox"/> M=\$90										
	MEAL OPTIONS WARM LUNCH AT 12 PM SNACKS AT 9:30 AM Note: Dec & June are half.	OPTION 1- TUITION ACADEMIC 7:00-13:30	OPTION 2- TUITION ACTIVITIES 7:00-14:45								
PRIMARY YEAR PROGRAM GRADES 1-5	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">LUNCH</td> <td style="width: 50%;">SNACK</td> </tr> <tr> <td><input type="checkbox"/> Y=\$1350</td> <td><input type="checkbox"/> Y=\$900</td> </tr> <tr> <td><input type="checkbox"/> T= \$450</td> <td><input type="checkbox"/> T= \$300</td> </tr> <tr> <td><input type="checkbox"/> M=\$150</td> <td><input type="checkbox"/> M=\$100</td> </tr> </table>	LUNCH	SNACK	<input type="checkbox"/> Y=\$1350	<input type="checkbox"/> Y=\$900	<input type="checkbox"/> T= \$450	<input type="checkbox"/> T= \$300	<input type="checkbox"/> M=\$150	<input type="checkbox"/> M=\$100	<input type="checkbox"/> Yearly \$4575 <input type="checkbox"/> Trimester \$1525 x 3 <input type="checkbox"/> Monthly \$515 x 10	<input type="checkbox"/> Yearly \$5205 <input type="checkbox"/> Trimester \$1735 x 3 <input type="checkbox"/> Monthly \$625 x 10
LUNCH	SNACK										
<input type="checkbox"/> Y=\$1350	<input type="checkbox"/> Y=\$900										
<input type="checkbox"/> T= \$450	<input type="checkbox"/> T= \$300										
<input type="checkbox"/> M=\$150	<input type="checkbox"/> M=\$100										
SEN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">LUNCH</td> <td style="width: 50%;">SNACK</td> </tr> <tr> <td><input type="checkbox"/> Y=\$1350</td> <td><input type="checkbox"/> Y=\$900</td> </tr> <tr> <td><input type="checkbox"/> T= \$450</td> <td><input type="checkbox"/> T= \$300</td> </tr> <tr> <td><input type="checkbox"/> M=\$150</td> <td><input type="checkbox"/> M=\$100</td> </tr> </table>	LUNCH	SNACK	<input type="checkbox"/> Y=\$1350	<input type="checkbox"/> Y=\$900	<input type="checkbox"/> T= \$450	<input type="checkbox"/> T= \$300	<input type="checkbox"/> M=\$150	<input type="checkbox"/> M=\$100	<input type="checkbox"/> Yearly \$6135 <input type="checkbox"/> Trimester \$2045 x 3 <input type="checkbox"/> Monthly \$725 x 10	
LUNCH	SNACK										
<input type="checkbox"/> Y=\$1350	<input type="checkbox"/> Y=\$900										
<input type="checkbox"/> T= \$450	<input type="checkbox"/> T= \$300										
<input type="checkbox"/> M=\$150	<input type="checkbox"/> M=\$100										
	MEAL OPTIONS WARM LUNCH AT 12 PM SNACKS AT 9:30 AM Note: Dec & June are half.	OPTION 1- TUITION ACADEMIC 7:00-14:45	OPTION 2- TUITION ACTIVITIES 7:00-15:30								
MIDDLE YEAR PROGRAM GRADES 6-9	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">LUNCH</td> <td style="width: 50%;">SNACK</td> </tr> <tr> <td><input type="checkbox"/> Y=\$1530</td> <td><input type="checkbox"/> Y=\$990</td> </tr> <tr> <td><input type="checkbox"/> T= \$510</td> <td><input type="checkbox"/> T= \$330</td> </tr> <tr> <td><input type="checkbox"/> M=\$170</td> <td><input type="checkbox"/> M=\$110</td> </tr> </table>	LUNCH	SNACK	<input type="checkbox"/> Y=\$1530	<input type="checkbox"/> Y=\$990	<input type="checkbox"/> T= \$510	<input type="checkbox"/> T= \$330	<input type="checkbox"/> M=\$170	<input type="checkbox"/> M=\$110	<input type="checkbox"/> Yearly \$5445 <input type="checkbox"/> Trimester \$1815 x 3 <input type="checkbox"/> Monthly \$615 x 10	<input type="checkbox"/> Yearly \$6135 <input type="checkbox"/> Trimester \$2045 x 3 <input type="checkbox"/> Monthly \$725 x 10
LUNCH	SNACK										
<input type="checkbox"/> Y=\$1530	<input type="checkbox"/> Y=\$990										
<input type="checkbox"/> T= \$510	<input type="checkbox"/> T= \$330										
<input type="checkbox"/> M=\$170	<input type="checkbox"/> M=\$110										

Family Discount Policy:

The eldest two children pay full tuition fees. The third child is eligible for Option 2 Activities while paying the Option 1 Tuition fee. The fourth child may receive a tuition fee discount of up to 2.5%

I understand that in registering my child, I am responsible for paying 1 Entire Academic Year of school. FLA has facilitated my payment by providing me with the option of paying by trimester in 3 instalments or monthly in 10 payment instalments. If I decide to change my Payment option from Yearly or by Trimester after selecting and signing a payment option, at any point during the academic year, please note that penalty fees may be applicable. If I am unable to respect my yearly for trimester payment dates, I understand that I will automatically be switched to a monthly payment schedule. 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 fees paid are Non-Refundable.**

Parent/Guardian Full Name: _____

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



2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)

MY PAYMENT CONTRACT continued

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

Payment Schedule of Dates

Payments Due	Deadline Dates
All First Payments	Jun 1 st , 2025, for returning students Aug 1 st , 2025, for new students
Yearly Meal & Tuition Fees	Aug 15 th , 2025
Trimester Meal & Tuition Fees	Aug 15 th , Nov 14 th , Feb 13 th
Monthly Meal & Tuition Fees	By Sep 5 th , Oct 5 th , Nov 5 th , Dec 5 th , Jan 5 th , Feb 5 th , Mar 5 th , Apr 5 th , May 5 th , June 5 th

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 Code of Conduct and FLA Parent Information Booklet 2025-26 Parts 1 and 2** 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/Guardian Full Name: _____

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

2025-26 AGREEMENT

(Please print using CAPITAL LETTERS and a blue or black pen)

8. ADMISSIONS PROCESS AND DECISION STAGES

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, along with proof of first payments, and I have also read and understood the **2025-26 FLA PARENT INFORMATION BOOKLETS PART 1 AND PART 2** 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.



CHECKLIST

	FLA New Student Application Form, inclusive of
	FLA Student Medical Release Form
	FLA Media Consent & Agreement
	FLA Payment Contract
	FLA Parent Code of Conduct Agreement
Also provide one photocopy of your child's:	
	Immunization records
	Passport biometric page
	Visa for Foreign Students
	Birth Certificate
Lastly, please 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
	Latest school report cards for preschool and Grades 1-9 applications
	"Transfer Certificate" for students transferring from another school in the middle of an academic year for Grade 1-9 applications
	Proof of First Payments

The FLA team reserves the right to contact my child's previous schools for insights into their academic performance and integration.

Upon submitting the completed and signed application, I understand that I am now at **Stage 3** of the process. At this stage, the admissions team will schedule entrance placement assessments in **English and Math** for applicants to **Senior Kindergarten and above**.

After assessment, results will be reviewed at **Stage 4** (up to three weeks). A final decision will be communicated at **Stage 5**, leading to one of the following outcomes:

1. **Full Acceptance** – The student passes the assessments, and prior school records are positive.
2. **Conditional Acceptance** – The student fails assessments or has concerning school records. Acceptance conditions will be discussed.
3. **Waiting List** – If the student meets criteria but the year group is full, they will be placed on the waiting list. If declined, initial first payments will be refunded.
4. **Not Accepted** – The student does not meet entrance criteria and will not be admitted. If declined, initial first payments will be refunded.

Parent/Guardian Full Name: _____

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