FLA After School Enrollment 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 _____

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. CURRENT SCHOOL's DETAILS

Student is currently registered in grade_____ at the school _____

Email address _____ Tel Number _____

5. FLA PARENT MEDIA CONSENT FORM & AGREEMENT

Consent Given

I ☐ do ☐ DO NOT give permission for my child's name, image, voice, schoolwork, or personal information to be recorded, used, or shared by FLA or external parties for educational, promotional, media, or public purposes, whether in print, digital, or online formats.

2025-26 AGREEMENT

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

6. FLA STUDENT MEDICAL INFORMATION

Known Allergies: _____

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.?

_____

I have read, understood, and agree to the above. I hereby give my consent for my child to be taken to the SOS infirmary if necessary. I further understand that in the event of an extreme emergency, it may be required to transport my child to the nearest hospital where their condition can be stabilized. I acknowledge and accept that Future Leaders Academy (FLA) cannot be held responsible for any harm or injuries that may occur.

Parent/Guardian Full Name: _____

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

7. MY PAYMENT CONTRACT

Student Surname: _____ First name: _____ Grade:_____

I have read and understood the **FLA Parent Information Booklets and Student Calendar** and understood that my child will join the class aligned with his/her age, and the activities are aligned with FLA's Academic Calendar and student timetables. I also understand that I must purchase the respective activity uniform, and my child must wear it to participate.

One time Activities Uniforms					
CLASS	**Karate**	**Dance**	**Soccer**	**Swimsuit**	**Monthly**
Preschool	$50	$40	$40	$40	$100
Grades 1-5	$60	$40	$40	$50	$110
Grades 6-9	$70	$40	$40	$50	$120

I understand that my child will only be considered as enrolled with FLA and may attend once all forms have been duly submitted and signed and ALL above payments have been made in its entirety. Monthly payments are due by the 5th day of each month.

Parent/Guardian Full Name: _____

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

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