PARENTAL AUTHORIZATION FORM

Study Tour to Zanzibar

Dear Parent/Guardian,

Coastal High School has organized an educational study tour to **Zanzibar** start on **2** to **5 October 2025**. The purpose of this tour is to expose students to historical, cultural, and geographical sites to enhance their academic learning.

We kindly request your consent to allow your child to participate in this tour.

STUDENT INFORMATION

- Full Name of Student: _____
- Class/Form: _____

PARENT/GUARDIAN CONSENT

I, the undersigned, being the parent/guardian of the above-named student, hereby grant permission for my child to participate in the study tour to Zanzibar organized by Coastal High School.

I understand that the school will take reasonable measures to ensure the safety and well-being of all students during the trip. I also acknowledge that my child is expected to follow all school rules and behave responsibly.

MEDICAL & EMERGENCY INFORMATION

- Does your child have any medical condition(s) or allergies?
  ☐ No
  ☐ Yes (please specify): _____
- Emergency Contact Name: _____
- Relationship to Student: _____
- Phone Number: _____

SIGNATURES

Parent/Guardian Name: _____
Signature: _____ Date: _____

Student Name: _____
Student Signature: _____ Date: _____

School Use Only
Received By: _____ (School Official)
Date: _____

FOMU YA RIDHAA YA WAZAZI/WALEZI

Ziara ya Kielimu Zanzibar

Mpendwa Mzazi/Mlezi,

Shule ya Sekondari **Coastal High School** imeandaa ziara ya kielimu kwenda **Zanzibar** kuanzia tarehe **2** hadi **5 Oktoba 2025**. Lengo la ziara hii ni kuwapatia wanafunzi fursa ya kujifunza na kuona maeneo ya kihistoria, kitamaduni na kijiografia ili kuongeza uelewa wao wa masomo.

Kwa heshima tunakuomba utoe ridhaa ya mtoto wako kushiriki katika ziara hii.

TAARIFA ZA MWANAFUNZI

- Jina Kamili la Mwanafunzi: _____
- Kidato/Darasa: _____

RIDHAA YA MZAZI/MLEZI

Mimi _____ (jina kamili la mzazi/mlezi), nikiwa mzazi/mlezi wa mwanafunzi aliyetajwa hapo juu, nakubali mtoto wangu kushiriki katika ziara ya kielimu iliyoandaliwa na Coastal High School kwenda Zanzibar.

Ninatambua kuwa shule itachukua tahadhari zote muhimu kuhakikisha usalama na ustawi wa wanafunzi wote wakati wa ziara. Pia nakubaliana kwamba mtoto wangu anapaswa kufuata kanuni na maelekezo ya shule na kuonesha nidhamu wakati wote.

TAARIFA ZA MATIBABU NA DHARURA

- Je, mwanafunzi ana tatizo lolote la kiafya au mzio(Allergies)?
  ☐ Hapana
  ☐ Ndio (tafadhali bainisha): _____
- Jina la Mtu wa Dharura wa Kuwasiliana Naye: _____
- Uhusiano na Mwanafunzi: _____
- Namba ya Simu: _____

SAINI

Jina la Mzazi/Mlezi: _____
Saini: _____ Tarehe: _____

Jina la Mwanafunzi: _____
Saini ya Mwanafunzi: _____ Tarehe: _____

Kwa Matumizi ya Shule Pekee
Imepokelewa na: _____ (Afisa/Shule)
Tarehe: _____