

# ENROLLMENT FORM

## STUDENT INFORMATION

Last Name:

First Name:

Nickname:  Sex:  Male  Female

Date of Birth:  Nationality:

## PARENT/GUARDIAN INFORMATION

### Father

Name:

Nationality:  Occupation:

Phone Number:  Email Address:

### Mother

Name:

Nationality:  Occupation:

Phone Number:  Email Address:

Present Address:

Permanent Address:

## EMERGENCY CONTACT IN CAMBODIA (other than parent or guardian)

Contact Name:

Relationship to Student:  Phone Number:

Present Address:

## EDUCATIONAL HISTORY

School Name:  Location:   
Year Attended:  Grade:

1. Has the student ever been enrolled in a special education program?  
 YES  NO
2. Has the student ever been evaluated by an educational psychologist or specialist?  
 YES  NO
3. Has the student ever been suspended or expelled from school for any reason?  
 YES  NO

## MEDICAL/HEALTH INFORMATION

1. I give permission to representative of the school to provide Ibuprofen to my child as appropriate.  
 YES  NO

2. Does your child have any immediate health concerns or problem?  
 YES  NO

If Yes, please explain:

3. Does your child have any allergies?  
 YES  NO

If Yes, please explain:

4. Does your child take any medications on a regular or daily basis?  
 YES  NO

If Yes, please explain:

## EMERGENCY HOSPITAL CONTACT

Preferred clinic/hospital:

Clinic/hospital location:

**Authorization for Medical Service:** In the events of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the School Principal will consent to such services for your child by acting on your behalf on your written advance authorization.

I have read the above and hereby designate the School Principal or my designated emergency contact person to act on my behalf in the events of medical emergency. S/he may authorize medical attention and the most appropriate medical facility as may be required in an emergency because of illness or injury sustained. I hereby assume all financial responsibilities for any medical attention or treatment that might be required and acknowledge that EIS shall not be liable for any injuries incurred. I certify that all information given on this record is complete and correct, to the best of my knowledge.

## USE OF PHOTO

From time to time, photographs are taken at school and during school events featuring EIS students engaged in various school activities. These photographs are also considered for inclusion in various school publications as well as social media platforms. If, for any reason, you prefer that any photograph of your child not be used in any of school's publications, please send a written note informing the school of your wishes. If we do not receive a written request from you to exclude photographs of your child in other school publications, we will assume that you are agreeable to the use of such photographs which include your child.

## CERTIFICATION

We certify that the above information is complete, true and accurate to the best of our knowledge. We authorize Eco International School (EIS) to request transcripts and appropriate school records necessary to verify the information provided. We realize that failure to provide accurate information could jeopardize our child's enrollment at EIS. We understand that when a student enrolls at EIS, s/he and her/his parents agree to comply with all rules, policies and procedures of the school.

Signed (Parent or Guardian):

Date:

**FOR OFFICE USE ONLY**

Student's ID Number:

Ref Number:

Accepted On:

Accepted By:

First Day of Class at EIS:

Grade Placement: