



# BRITISH INTERNATIONAL SCHOOL

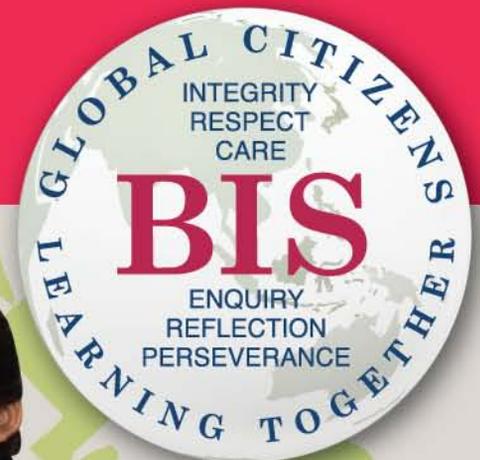
HO CHI MINH CITY

A NORD ANGLIA EDUCATION SCHOOL

## APPLICATION FORM

[www.bisvietnam.com](http://www.bisvietnam.com)

Ver 7 / May 2017



**BRITISH  
INTERNATIONAL  
SCHOOL**  
HO CHI MINH CITY

### AN PHU PRIMARY

225 Nguyen Van Huong,  
Thao Dien, District 2,  
Ho Chi Minh City, Vietnam  
Phone: (84 8) 3744 4551  
Email: [apprimary@bisvietnam.com](mailto:apprimary@bisvietnam.com)

### TU XUONG PRIMARY

43-45 Tu Xuong,  
Ward 7, District 3,  
Ho Chi Minh City, Vietnam  
Phone: (84 8) 3932 0210  
Email: [txprimary@bisvietnam.com](mailto:txprimary@bisvietnam.com)

### AN PHU SECONDARY

246 Nguyen Van Huong,  
Thao Dien, District 2,  
Ho Chi Minh City, Vietnam  
Phone: (84 8) 3744 2335  
Email: [apsecondary@bisvietnam.com](mailto:apsecondary@bisvietnam.com)

# ADMISSION CONTRACT

British International School, Ho Chi Minh City

## It is hereby agreed as follows:

The undersigned Parent(s) and/or Guardian(s) (herein collectively referred to as "Parent(s)") acknowledge and agree that this Admission Contract is a legally binding contract between the School and such Parent(s) subject to acceptance of enrolment of an applicant by the School. The enrolment of each applicant at BIS is subject to the availability of a place at the School and is not guaranteed until: (i) an offer of a place is made to the applicant by the School, (ii) all applicable fees have been paid in full.

Any reference to the Parent(s) in plural, and to "we" or "our" in this context, shall also mean a reference to a single Parent who signs this Admission Contract.

## Payment of Fees

All Fees are payable in accordance with the Schedule of Fees, which is an integral part hereof. The School reserves the right to amend the Schedule of Fees from time to time and any reference to the Schedule of Fees herein is a reference to the most up-to-date Schedule of Fees.

The School reserves the right to cancel the enrolment of any Applicant or not to accept a student into the School if Tuition Fees are not paid by the applicable payment date specified in the Schedule of Fees.

## Withdrawal and Refund of Fees

A Withdrawal Notification Form should be submitted to the respective BIS campus office at least **90 calendar days** prior to the student's last day at School. This ensures that the refund policy is applied and School reports can be issued. The School will not refund any portion of Term Tuition Fees and Late Enrolment Fees. The School will refund a percentage of the Annual Tuition Fee based on the date of the last day at School.

## Liability Waiver

The undersigned Parent(s) acknowledge and agree that the School is not liable in respect of any injury that may occur to the Applicant whilst attending the School or participating in School organised activities, except to the extent that such injury arises from the gross negligence of the School. The School is not liable for any loss or damage to a student's personal belongings.

## School Obligation

The School undertakes to provide tuition as described in its Prospectus. The School reserves the right to amend the Prospectus from time to time and any reference to the Prospectus herein is a reference to the most up-to-date Prospectus.

## Parent Declaration

By signing this Admission Contract, we, the undersigned Parent(s) agree that we have read, understood and agree to be bound by the obligations in this Contract and by any subsequent amendment(s) as notified by the School from time to time. We also:

- confirm that we are in receipt of the Schedule of Fees and agree that we will adhere to the terms and conditions in such Schedule of Fees;
- will ensure that our child/children will comply with the School rules (as set out in either the Primary or Secondary Handbook or any other school document as applicable, and as amended from time to time). We acknowledge and agree that in the case of non-compliance with the School rules, the School reserves the right to suspend or expel the Applicant as a student at the School and that in this event, the School may decide, in its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School;
- guarantee that: (i) all the information provided in the Application Form, Medical Record Form and Physical Evaluation Form is true and correct; and (ii) a timely update of all changes will be provided to the School. The School cannot be held responsible for the failure to contact the Parent(s) in an emergency or to deliver any correspondence unless notification of forementioned changes has been received. We acknowledge and agree that a failure to disclose relevant information may result in withdrawal of an offer of a place at the School and that in this event, the School may decide, in its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School;
- agree that in the event of an illness, accident or emergency and if (either of) the undersigned Parents(s) or the Emergency Contact cannot be contacted, we hereby authorise the School to initiate the medical process in the best interests of our child/children and undertake to pay all costs incurred by the School in doing so;
- agree that in the event of the School requiring parental approval, it is sufficient to obtain the approval of one Parent;
- agree to take an active part in supporting the education of our child/children through our attendance at Parent-Teacher meetings;
- agree that images taken of our child/children during the enrolment period may be used for promotional purposes; and
- agree to allow our child/children to participate in all of the School's compulsory activities, including both residential, day trips and visits.

Student's Full Name		Surname	First	Middle			
Name of Parent		Name of Parent					
Signature of Parent		Signature of Parent					
Date	Day	Month	Year	Date	Day	Month	Year

On behalf of the School

Mr. Timothy Deyes / Principal

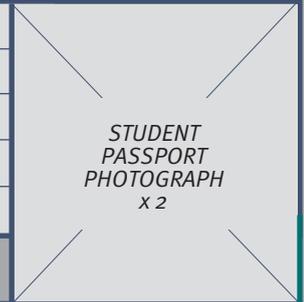
Day Month Year

# APPLICATION FORM

## British International School, Ho Chi Minh City

### OFFICE ONLY SECTION

Date Received	Day	Month	Year
Expected Date of Enrolment	Day	Month	Year
Proposed Entry Level	<input type="checkbox"/> Half Day (FS1,2 only)		
Proposed Campus	<input type="checkbox"/> TX PRIMARY	<input type="checkbox"/> AP PRIMARY	<input type="checkbox"/> AP SECONDARY
Fees Received	<input type="checkbox"/> Application Fee	Receipt Number	<input type="checkbox"/> Registration Fee
			Receipt Number



### STUDENT INFORMATION

Student's Full Name		Surname	First	Middle
Preferred Name				
Date of Birth	Day	Month	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality (Passport)				
First Language		Other Language(s) Spoken		
Home Address (if different to that of parents)				
Name of Guardian (if student is not living with parents)		Surname	First	
Relationship to Student				
Has the student previously applied for Admission to any BIS or BVIS Campus? If yes, please indicate campus name:				

### FAMILY INFORMATION

Father / Guardian	Mother / Guardian
Mr <input type="checkbox"/> Other <input type="checkbox"/> Please Specify Title	Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please Specify Title
Full Name Surname First	Full Name Surname First
Nationality	Nationality
Occupation / Profession	Occupation / Profession
Company Name	Company Name
Company Address	Company Address
Vietnam Residential Address	Vietnam Residential Address
Home Phone	Home Phone
Country Area Local Number	Country Area Local Number
Business Phone	Business Phone
Country Area Local Number	Country Area Local Number
Mobile Phone	Mobile Phone
Country Area Local Number	Country Area Local Number
Email <input type="text"/>	Email <input type="text"/>
Overseas Address	Overseas Address
First Language	First Language
Other Language(s) Spoken	Other Language(s) Spoken

# APPLICATION FORM

## British International School, Ho Chi Minh City

### ALTERNATIVE EMERGENCY CONTACT

Please provide 2 contact details in Vietnam in case of an emergency if parents/guardians cannot be reached. These can be provided at a later date if they are unavailable at the time of filling the Application Form.

Contact 1	Contact 2
Full Name Surname First	Full Name Surname First
Relationship to Student	Relationship to Student
Mobile Phone	Mobile Phone
Email	Email

### SIBLINGS

Please list below any siblings who are either already studying at the British International School or who are applying for a place at the school.

Name	Date of Birth	Year Group	Campus
	Day   Month   Year		
	Day   Month   Year		
	Day   Month   Year		

### ACADEMIC AND COMPLETE SCHOOL HISTORY

School Name	Location	Date and Year Enrolled	Date and Year Withdrawn	Reason for Withdrawal
<i>e.g. Bangkok International School</i>	<i>Bangkok, Thailand</i>	<i>Sep. '98/Year 7</i>	<i>Dec. '00/Year 9</i>	<i>Relocation</i>

Has the student ever been suspended or expelled from school for any reason? Yes  No

If yes, please provide details:

### PAYMENT INFORMATION

Payment of Tuition Fees	<input type="checkbox"/> Annual	<input type="checkbox"/> Term	<input type="checkbox"/> EAL (if required)
Payment By	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Company
Do you require a VAT invoice the company name? (*If not, invoice will be issued under the parent's name)			
Information for Debit Note / VAT Invoice		Information for Mailing Debit Note / VAT Invoice	
Company Name (if payment by company)		Attention Address	
Attention Address		Attention To	
Attention To			
Company Tax Code			

### APPLICATION PROCESS CHECKLIST FOR PARENTS

- 2 current passport photographs of the applicant
- Application Fee
- Passport or birth certificate of applicant (copy)
- Most recent school records translated into English (as applicable)
- SEN assessment documentation
- Physical Evaluation signed by a doctor
- Immunisation Record of Applicant
- Bus Service Request Form (if required)

# PHYSICAL EVALUATION

British International School, Ho Chi Minh City

## STUDENT INFORMATION

Student's Full Name	Surname	First	Middle
Preferred Name			
Date of Birth	Day	Month	Year
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

## PHYSICAL EXAMINATION

*To be completed by a Physician*

	Normal (v)	Abnormal(v)	Comments
Height			
Weight			
Blood Pressure			
Pulse			
Hair/Scalp			
Skin			
Eyes/Sight			
Ears/Hearing			
Nose and Throat			
Lymph Glands			
Heart – Murmur etc			
Lungs			
Abdomen			
Extremities			
Spine (presence of scoliosis)			

Additional Comments by Physician

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## PHYSICIAN DETAILS

Name	Surname	First	Middle
Medical Centre			
Address			
Email			
Business Phone			
	Country	Area	Local Number
Signature of Physician	Date		Day   Month   Year

### Suggested Clinics in Ho Chi Minh City

<b>Family Medical Practice Clinic</b>	Diamond Plaza, 34 Le Duan St., Dist. 1	Phone: (08) 3822 7848
<b>Columbia Asia International Clinic</b>	8 Alexandre de Rhodes St., Dist.1	Phone: (08)3823 8455
<b>Hanh Phuc International Hospital Clinic</b>	2nd Fl., Saigon Trade Center, 37 Ton Duc Thang, Dist. 1	Phone: (08) 3911 1860
<b>Victoria Health Care</b>	79 Dien Bien Phu, Dist. 1	Phone: (08) 3910 4545
<b>Family Medical Practice District 2 Clinic</b>	95 Thao Dien Street, Dist. 2	Phone: (08) 3744 2000
<b>Hoan My Clinic</b>	42 Nguyen Dang Giai, Dist. 2	Phone: (08) 3519 4070
<b>Post Office Hospital</b>	68 Nguyen Duy Hieu, Dist. 2	Phone: (08) 3519 0579
<b>International SOS Vietnam, Ltd.</b>	167A Nam Ky Khoi Nghia St., Dist. 3	Phone: (08) 3829 8424
<b>CARE1 Executive Health Centre</b>	The Manor, 91 Nguyen Huu Canh St., Binh Thanh Dist.	Phone: (08) 3514 0757
<b>Franco-Vietnamese Hospital</b>	6 Nguyen Luong Bang St., Saigon South, Dist. 7	Phone: (08) 5411 3333

# MEDICAL RECORD

British International School, Ho Chi Minh City

## STUDENT GENERAL HEALTH

Please ensure that the school has up-to-date health records for any medical conditions that your child may currently have or develop at a later stage.

Does your child have any medical condition(s) or chronic disease(s) which require medication, restriction of activity, or which may affect his/her normal day at school? If yes, please list below:

Medical Condition(s) (please include allergies and their relevant details)

Is your child under a physician's care?  Yes  No

Is your child taking any kind of medication?  Yes  No

Is your child taking any medication specifically for emotional or behavioural problems?  Yes  No

Has your child had any injury or surgery that may affect his/her normal day at school?  Yes  No

If you have answered yes to any of the questions, please provide more details below:

## SPECIAL EDUCATIONAL NEEDS (SEN)

Please tick the appropriate box. If you answered yes to any of the questions, please provide more details below:

Has your child, now or in the past, had any special educational needs (e.g. school support, educational psychologist)?  Yes  No

Has your child received Speech Therapy, Occupational Therapy or Physiotherapy?  Yes  No

Does your child have any problem that limits or affects his/her participation in physical education?  Yes  No

Does your child wear a hearing aid?  Yes  No

Does your child have trouble with vision?  Yes  No

Details:

## PREFERRED MEDICAL CLINIC IN VIETNAM

Name

Address

Business Phone

Country Area Local Number

Physician Name

## PARENTAL CONSENT

We confirm our consent for the School to administer School approved over-the-counter medications to our child / children for symptom relief of minor illnesses.  Yes  No

Note: A full list of School approved over-the-counter medications is available from the School Nurse.