



# Northbridge International School Cambodia

P.O. Box 2042, Phnom Penh 3, Cambodia

Phone: (855) 23-886-000

Email: [admissions@nisc.edu.kh](mailto:admissions@nisc.edu.kh)

Website: [www.nisc.edu.kh](http://www.nisc.edu.kh)



**NORTHBRIDGE**  
INTERNATIONAL SCHOOL CAMBODIA

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Student's Photo

Student's Name \_\_\_\_\_

Family Name

Given Name

Middle Name

Student's Preferred or Nickname \_\_\_\_\_ Female Male (CIRCLE ONE)

Student's Birthdate \_\_\_\_\_ Nationality \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Present Grade Level \_\_\_\_\_ Present School \_\_\_\_\_

Applying for Admission to Grade Level \_\_\_\_\_ Anticipated Start Date at NISC \_\_\_\_\_  
Day/Month/Year

### PARENT / GUARDIAN INFORMATION

Student lives with (check any that apply):

\_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Sibling \_\_\_ Guardian (specify relationship) \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_

Mother's full name \_\_\_\_\_ Mother's phone \_\_\_\_\_

Mother's email \_\_\_\_\_ Mother's nationality \_\_\_\_\_

Type of business:

Self employed  Embassy  Government  Insurance  Manufacturing

Shipping/Airlines  Banking/ Finance / Trading  NGO  Other

Employer's name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Country in which home office is located: \_\_\_\_\_

Father's full name \_\_\_\_\_ Father's phone \_\_\_\_\_

Father's email \_\_\_\_\_ Father's nationality \_\_\_\_\_

Type of business:

Self employed  Embassy  Government  Insurance  Manufacturing

Shipping/Airlines  Banking/ Finance / Trading  NGO  Other

Employer's name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Country in which home office is located: \_\_\_\_\_



**Address in Cambodia**

Street \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**Permanent Address**

Street \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACTS IN CAMBODIA**

Other than parent or guardian

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of the clinic/hospital you would prefer your child be taken to in case of emergency:  
\_\_\_\_\_

**BILLING INFORMATION**

Who is responsible for paying the fees for this student? \_\_\_\_\_

If Joint Payment, Specify percentage: Family \_\_\_\_\_% Employer \_\_\_\_\_% Other \_\_\_\_\_% Total 100%

Billing Address In Cambodia – Invoice Should Be Sent To \_\_\_\_\_ Home Address \_\_\_\_\_ Employer (Check one)

Company Name (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SIBLING INFORMATION**

Please list all siblings

First Name	Last Name (if different)	Birthdate (DD/MM/YYYY)	Gender	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



### EDUCATIONAL HISTORY

Please list all previous schools beginning with the most recently attended  
Use additional paper if necessary and circle any repeated grades

Name of School	Location	Language of Instruction	Dates Attended (MM/YYYY-MM-YYYY)	Grade(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the student ever received remedial instruction or been enrolled in a special education program? Yes / No

Has the student ever been evaluated by an educational psychologist or specialist? Yes / No

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

If the answer to any of the questions above is "yes", please provide relevant records/reports and the details on a separate sheet of paper.

### LANGUAGE INFORMATION

What language did your child use to speak her/his first words? \_\_\_\_\_

What languages do the following people use to communicate at home:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Siblings: \_\_\_\_\_

What is your child's proficiency in her/his first language?

Reading: Beginning / Fluent      Writing: Beginning / Fluent      Speaking: Beginning / Fluent

Does your child speak any additional language(s)? If yes which language(s): \_\_\_\_\_

What is the child's proficiency in this language(s)

Reading: Beginning / Fluent      Writing: Beginning / Fluent      Speaking: Beginning / Fluent

#### English Language

How did your child acquire their English?

Family       Tutoring       Class in school       Instructional Language       Other

What is your child's proficiency in English?

Reading: Beginning / Fluent      Writing: Beginning / Fluent      Speaking: Beginning / Fluent

Has the student ever been placed in English as a Second Language (ESL) classes? Yes / No



### HEALTH QUESTIONNAIRE

I, the child's parent/guardian, give permission for a representative of the school to provide Paracetamol/Tylenol to my child as appropriate. Yes  No

Does your child have any immediate health concerns or problems? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medications on a regular or daily basis? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies to:

Medications Yes / No

Food Yes / No

Insects Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Medical Conditions

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Congenital Anomalies	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Urinary Infections	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Problems	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any necessary health records, including a record of immunizations. If yes to any of the above the school nurse will contact you to schedule a consultation.

I give my permission for emergency measures to be initiated in case of accident or sudden illness of my child, with the understanding that I will be notified as soon as possible. I certify that all of the information given on this record is complete and correct, to the best of my knowledge. I agree to notify the school of any changes to the health information provided on this form.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_



**How did you learn about NISC?**

Family  Friends  Employer  Website  Embassy  Other \_\_\_\_\_  
(please specify)

**TRANSPORTATION**

The student will (check one): \_\_\_ Walk to School \_\_\_ Use Private Transportation \_\_\_ Ride in the NISC Van\*

\*NISC contracts with a local company to provide (for an additional fee) transportation for students attending the school. NISC bus service will generally be offered on a round-trip basis as space on routes is available. All buses are equipped with seatbelts and air conditioning.

**CERTIFICATION**

I/We certify that the above information is complete, true and accurate to the best of our knowledge. I/We authorize Northbridge International School Cambodia to request transcripts and appropriate school records necessary to verify the information provided. I/We realize that failure to provide accurate information could jeopardize our child’s enrolment at NISC. I/We understand that when a student enrolls at NISC he/she and his/her parents agree to comply with all rules, policies and procedures as outlined in the Student-Parent Handbook.

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_  
DD/MM/YYYY

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_  
DD/MM/YYYY

At least one parent or guardian signature is required.

**APPLICATION CHECKLIST**

- \_\_\_ All information above is complete and accurate to the best of the family’s ability.
- \_\_\_ Minimum of two years’ school records are attached, from the most recent years.
- \_\_\_ The Student Health Form has been completed, including immunization history.
- \_\_\_ Copies of the student’s and parents’ passports have been provided.
- \_\_\_ Two visa size photos of the student have been provided.
- \_\_\_ Application fee paid to finance office with receipt attached.