



BRITISH INTERNATIONAL SCHOOL HANOI


A NORD ANGLIA EDUCATION SCHOOL




APPLICATION FORM

www.bishanoi.com

Ver 6/ April 2019



 **BIS HANOI**
Hoa Lan Road, Vinhomes Riverside
Long Bien, Hanoi

 T: (84 24) 3946 0435
 F: (84 24) 3946 0438
 E: bishanoi@bishanoi.com

 www.bishanoi.com

ADMISSION CONTRACT

British International School Hanoi

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;
- 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;
- confirm that we have read and fully understood the Personal Information Collection Statement and acknowledge that we accept these terms voluntarily and freely;
- authorise the release of our child/children's academic record, including standardised test results and any other information deemed necessary, to the British International School Hanoi and authorise the School to contact my child/children's school and other sources to obtain information to support this application;
- 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

Ms. Sue Hill / Principal

Day Month Year

APPLICATION FORM

British International School Hanoi

OFFICE ONLY SECTION

Date Received	Day	Month	Year	STUDENT PASSPORT PHOTOGRAPH x 2	
Expected Date of Enrolment	Day	Month	Year		
Proposed Entry Level	<input type="checkbox"/> Half Day (FS1, 2 only)				
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
Email	Email
Overseas Address	Overseas Address
First Language	First Language
Other Language(s) Spoken	Other Language(s) Spoken

APPLICATION FORM

British International School Hanoi

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
e.g. Bangkok International School	Bangkok, Thailand	Sep. '98/Year 7	Dec. '00/Year 9	Relocation

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"/> Annually	<input type="checkbox"/> Termly
Payment by	<input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Company
Do you require a VAT Invoice under the company name?	<input type="checkbox"/> Yes	If yes, please fill out below
	<input type="checkbox"/> No	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 to	
	Address	
Attention to		
Address		
Tax Code		

APPLICATION PROCESS CHECKLIST FOR PARENTS

- Application Fee
- School records translated into English *as applicable*
- Personal Information Collection Statement *signed by Parent/Guardian*
- Copy of Passport or Birth Certificate *of the applicant*
- 2 Current Passport photographs *of the applicant*
- Physical Evaluation *(as included in the Application Form) signed by a doctor*
- Immunisation Record *of the applicant*
- Special Educational Needs (SEN) Assessment Documentation *as applicable*
- Bus Service Request Form *if required*

MEDICAL RECORD

British International School Hanoi

STUDENT INFORMATION

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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any kind of medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication specifically for emotional or behavioural problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had any injury or surgery that may affect his/her normal day at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child currently receiving support in their learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have specific educational needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child received Speech Therapy, Occupational Therapy or Physiotherapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any problem that limits or affects his/her participation in physical education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child wear a hearing aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have trouble with vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: A full list of School approved over-the-counter medications is available from the School Nurse.		

PHYSICAL EVALUATION

British International School Hanoi

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 (√)	Abnormal (√)	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

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 Hanoi

L'Hôpital Francais de Hanoi	1 Phuong Mai, Dong Da, Hanoi	Phone: (84 24) 3577 1100
Vietnam - Korea Clinic	9 Ngo Thi Nham, Hai Ba Trung, Hanoi	Phone: (84 24) 3945 4688
Medelab	86 - 88 Nguyen Luong Bang, Dong Da, Hanoi	Phone: (84 24) 3845 6868
Hong Ngoc Clinic	10th floor, Keangnam Landmark 72, Pham Hung, Hanoi	Phone: (84 24) 3927 5568
VietSing International Clinic	Pacific Place, 83B Ly Thuong Kiet, Hoan Kiem, Hanoi	Phone: (84 24) 3944 8686
Raffles Medical Hanoi	51 Xuan Dieu, Tay Ho, Hanoi	Phone: (84 24) 3934 0666
Family Medical Practice	298 I Kim Ma, Van Phuc Compound, Ba Dinh, Hanoi	Phone: (84 24) 3843 0748
Vinmec International Hospital	458 Minh Khai, Hai Ba Trung, Hanoi	Phone: (84 24) 3974 3556