



Application for Admission

Student ID (for Office only): _____

STUDENT INFORMATION

Student's Full Name First _____ Middle _____ Last _____

Preferred Name _____

Date of Birth Day _____ Month _____ Year _____ Male Female

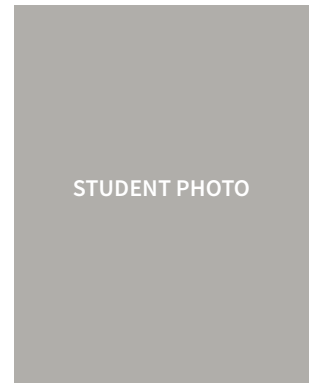
Nationality (Passport) _____

Passport Number _____ Expiration Date _____

Present Grade Level _____ Applying for Grade Level _____

Present School _____

Preferred Start Date Day _____ Month _____ Year _____



FAMILY INFORMATION

Father/Guardian	Mother/Guardian
Full Name _____	Full Name _____
Nationality _____	Nationality _____
Phone _____	Phone _____
Email _____	Email _____

ADDRESS IN CAMBODIA

House # _____ Street _____ City _____

Province/State _____ Postal Code _____

EMERGENCY CONTACTS IN CAMBODIA (OTHER THAN PARENT OR GUARDIAN)

Name _____	Relationship _____	Phone _____	Email _____
Name _____	Relationship _____	Phone _____	Email _____

How did you learn about us?

Family Embassy Friends Employer Website Other _____



SIBLING INFORMATION (PLEASE LIST ALL SIBLINGS)

Full Name	First	Last	Birthdate	DD	MM	YY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Full Name	First	Last	Birthdate	DD	MM	YY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Full Name	First	Last	Birthdate	DD	MM	YY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

ACADEMIC HISTORY

School Name	City & Country	Date Started	Date Finished	Grade(s)
_____	_____	DD MM YY	DD MM YY	_____
_____	_____	DD MM YY	DD MM YY	_____
_____	_____	DD MM YY	DD MM YY	_____
_____	_____	DD MM YY	DD MM YY	_____
_____	_____	DD MM YY	DD MM YY	_____

Has the student ever received remedial instruction or been enrolled in a special education programme? 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.

STUDENT'S LANGUAGE PROFICIENCY

Please tick the appropriate boxes accordingly

		Not Applicable	Fair	Good	Excellent
English	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Khmer	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others <i>(Please Indicate)</i> _____	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Languages Spoken at Home		_____			



PARENT'S BUSINESS INFORMATION

Father

- Self employed Embassy Government Insurance Manufacturing
- Shipping/Airlines Banking/ Finance / Trading NGO Other _____

Employer's Name _____ Phone Number _____

Work Address # _____ Street _____ City _____ Website _____

Mother

- Self employed Embassy Government Insurance Manufacturing
- Shipping/Airlines Banking/ Finance / Trading NGO Other _____

Employer's Name _____ Phone Number _____

Work Address # _____ Street _____ City _____ Website _____

BILLING INFORMATION

Who is responsible for paying the fees for this student? Father Mother Employer Sponsor

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 _____

Phone number _____ Email _____

Address # _____ Street _____ City _____ Phone number _____

TRANSPORTATION

The student will (check one)

- Walk to School Use Private Transportation Ride in the NISC School Bus*

**NISC contracts with a local company to provide (for an additional fee) transportation for students attending the school. NISC School 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.*



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 any support in their learning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any 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 CAMBODIA

Name	Phone
Address	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.

MEDICAL INSURANCE

Does your child have Medical Insurance? Yes No

Medical Insurance Provider

Policy Number Insurance Emergency Call Centre Number

If your child has no insurance, please tick the box and sign below:

I acknowledge that my child has no medical insurance policy and that I will be responsible for any fees incurred due to personal loss or injury.

SIGNATURE



ADMISSION AGREEMENT

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 Agreement is binding between the School and such Parent(s) subject to acceptance of enrolment of an applicant by the School. The enrolment of each applicant at NISC 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 Agreement.

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. Parents are responsible for the payment of the applicable school fees before the student can attend school classes. This responsibility cannot be delegated to a company.

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 NISC campus office at least 60 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. Refunds on paid tuitions (main and SS) and bus fees will be granted at 90% value for students leaving during the school year upon written request only for full quarters not attended – i.e. no partial quarterly refunds will be given.

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 on its website: www.nisc.edu.kh. The School reserves the right to amend the website from time to time.

Parent Declaration

By signing this agreement, we, the undersigned Parent(s) agree that we have read, understood and agree to be bound by the obligations in this 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, at 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 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, at its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School;
- authorise the release of our child/children's academic record, including standardised test results and any other information deemed necessary, to Northbridge International School Cambodia, 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 with the vision, mission and values of the School and will support the International Baccalaureate (IB) philosophy of developing international-mindedness;
- agree that images taken of our child/children 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.

PERSONAL INFORMATION COLLECTION STATEMENT

All personal data collected from students and/or their parents/guardians in connection with their education at a Nord Anglia Education school ("School") will be handled by our staff, kept confidential and used by Nord Anglia Education Limited and/or our affiliates ("we" or "us") for lawful and relevant purposes including but not limited to:

- verification of a student's academic and other information;
- school administration and operation;
- the organisation, administration and operation of extra-curricular expeditions and activities, including but not limited to making arrangements with third parties for relevant insurance cover, medical assistance, supervision and execution of activities;
- sending communications to parents and students including newsletters and information about events and extra-curricular activities provided by the School or third party providers;
- statistical and research purposes;
- other school related purposes; and
- alumni activities.

If any of our communications constitute direct marketing we will separately seek your consent where required by law.

We may disclose some of the data to third parties such as agencies (including governmental bodies), service providers (including insurance providers,

security/medical service providers and third party activity/expedition organisers) and contractors appointed by us (whether within or outside the jurisdiction in which the personal data was collected) to undertake some of our academic, pastoral, extra-curricular and administrative functions. This includes transferring data between affiliates. We will not disclose any personal data to any external bodies or organisations unless:

- such disclosure is expressly provided for under this Statement;
- permitted to do so by the student or his/her parent/guardian; and/or
- permitted or required by law.

Personal data may be stored in our or our affiliates' database systems (which may be located within or outside the jurisdiction in which the personal data was collected) and online portals and will form part of the applicant's official student records. It may also be stored in online student resources such as the global classroom.

Where such personal data is not required to be retained by law, such personal data may be destroyed within 24 months following rejection of the application or otherwise as required or permitted by law.

If a Parent Teacher Association (PTA) is existing/established, we may provide such personal data to the relevant PTA for inclusion in the PTA directory and other PTA activities. If a student or his/her

parents/guardians do not wish for such data to be included in the PTA directory, please inform us.

We may place a student's photo, video footage, name or school work in our or our affiliates' website, social media, marketing materials, corporate communications (including annual reports) and/or publications.

In the event that a student already has a sibling at the School, the records of such sibling will be updated according to the data provided on the new student's enrolment form where relevant.

Failure to provide the requested data may affect the Students' ability to participate in certain events, activities and expeditions arranged by the School.

All practicable steps will be taken to ensure that personal data held by us is accurate. We will take all practicable and reasonable steps to ensure security of the personal data and to avoid unauthorised or accidental access, collection, use, disclosure, copying, modification, disposal, erasure or other use.

Students or their parents/guardians may have the right to access or correct personal data held by the School under applicable law. Requests for access and correction should be addressed in writing to the Principal (addressed to the School). We may levy a charge for accessing the information.

The terms of NAE's privacy policy can be found at www.nordanglia.com.

Student's Full Name First Middle Last

Signature of Father/Guardian Signature of Mother/Guardian

Date Day Month Year Date Day Month Year

On behalf of the School

Mr. Richard Vaughan / Principal

Date Day Month Year

