

# BRITISH INTERNATIONAL SCHOOL HO CHI MINH CITY

A NORD ANGLIA EDUCATION SCHOOL



### 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**

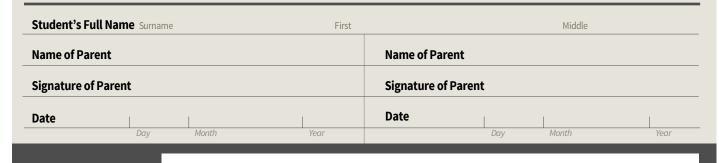
On behalf of the School

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, 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 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, at 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, Ho Chi Minh City 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.



er 9 / Jan 2018

### APPLICATION FORM

### British International School, Ho Chi Minh City

OFFICE ONLY SECTION	
Date Received	lonth Year
Expected Date of Enrolment	onth Year
Proposed Entry Level	STUDENT
Proposed Campus	PASSPORT PHOTOGRAPH
Fees Received Application Fee Receipt Number	Registration Fee Receipt Number
STUDENT INFORMATION	
Student's Full Name Surname	First Middle
Preferred Name	
Date of Birth   Day   Month   Year	☐ Male ☐ 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 Ca	mpus? If yes, please indicate campus name:
FAMILY INFORMATION	
Father / Guardian	Mother / Guardian
Mr Other Please Specify Title	Mrs Ms Other 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 Business Phone	Country Area Local Number Business Phone
Country Area Local Number Mobile Phone	Country Area Local Number Mobile Phone
Email	Email Email
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					2				
Full Name Surname First					<b>IC</b> Surname	First			
Relationship to Student					ship to Student				
Mobile Phone					hone				
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 scho				
Name	Date of Bir	th		Year Gro	ир	Campus			
	Day N	Month	Year						
	Day N	Month	Year						
	Day N	Month '	Year						
ACADEMIC AND CO	MPLETE SC	HOOL HIS	TORY						
School Name	Location	Dat	te and Yea	r Enrolled	Date and Year Withdraw	Reason for Withdrawal			
e.g. Bangkok International School	Bangkok, Thailand	Sep.	'98/Year 7		Dec. '00/Year 9	Relocation			
Has the student ever been sus	pended or expelle	d from school f	or any reas	on? Yes	No				
If yes, please provide details:									
PAYMENT INFORM	ATION								
Payment of Tuition Fees				Annual Term EAL (if required)					
Payment By				☐ Father ☐ Mother ☐ Company					
Do you require a VAT invoice f	or the company na	me? Yes	No	(If No, invo	ice will be issued under the	e parent's name)			
Company Information (if VAT	invoice issued to c	company)		Parent Information (if VAT invoice issued to parent)					
Company Name				Parent Name					
Attention Address			Attention Address						
Attention To									
Company Tax Code									
APPLICATION PRO	CESS CHECK	LIST FOR	PAREN	ITS					
☐ Application Fee									

School Records Translated into English - Last 2 Years as applicable

Physical Evaluation (as included in the Application Form) signed by a doctor

Special Educational Needs (SEN) Assessment Documentation as applicable

Copy of Passport or Birth Certificate of the applicant
 2 Current Passport Photographs of the applicant

Immunisation Record of the applicant

Bus Service Request Form if required

Personal Information Collection Statement signed by Parent/Guardian

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STUDENT INFO	RMATION							
Student's Full Name	Surname		First	Mid	dle			
Preferred Name								
Date of Birth	Day	Month	Year			Male	Female	
PHYSICAL EXAM	MINATION			To be completed	d by a Physician			
		_	Normal (√)	Abnormal(√)	Comments	_		
Height			(V)	Abriormat(y)	Comments			
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 sco	liosis)							
Additional Comments	by Physician							
PHYSICIAN DET	AILS							
Name Surnar	ne			First		Middle		
Medical Centre								
Address								
Email								
Business Phone	I							
Signature of Physician	untry Area	Local Number		Date				
Signature of Fritysician					Day	Month	Year	_
	_							
Suggested Clinics in Ho Family Medical Practice			nond Plaza, 34 Le Dua	an St. Diet 1			Phone: (08) 3822 7848	Ω
Columbia Asia Internati Hanh Phuc Internationa Victoria Health Care	onal Clinic	8 Ale nic 2nd	exandre de Rhodes St Fl., Saigon Trade Cen ien Bien Phu, Dist. 1	., Dist.1	ng, Dist. 1		Phone: (08) 3822 7646 Phone: (08) 3823 845 Phone: (08) 3911 1866 Phone: (08) 3910 454	5 0
Family Medical Practice Hoan My Clinic Post Office Hospital	District 2 Clir	42 N	hao Dien Street, Dist. guyen Dang Giai, Dis guyen Duy Hieu, Dist	t. 2			Phone: (08) 3744 2000 Phone: (08) 3519 4070 Phone: (08) 3519 0579	0
International SOS Vietn	am, Ltd.	167 <i>A</i>	Nam Ky Khoi Nghia	St., Dist. 3			Phone: (08) 3829 842	4
CARE1 Executive Health			Manor, 91 Nguyen Hu				Phone: (08) 3514 075	
Franco-Vietnamese Hos	pital	6 Ng	uyen Luong Bang St.	, Saigon South, Dist.			Phone: (08) 5411 3333	3

### MEDICAL RECORD

### British International School, Ho Chi Minh City

STUDENT GENERAL HEALTH	conditions that your child may currently have or	develop at a l	ater stage.
Does your child have any medical condition(s) or chronic disease(s) his/her normal day at school? If yes, please list below:	which require medication, restriction of activ	ity, or which	may affect
Medical Condition(s) (please include allergies and their relevant deta	ails)		
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 beha	avioural problems?	Yes	☐ No
Has your child had any injury or surgery that may affect his/her norm	nal day at school?	Yes	☐ No
If you have answered yes to any of the questions, please provide mo	re details below:		
SPECIAL EDUCATIONAL NEEDS (SEN)			
Please tick the appropriate box. If you answered yes to any of the que	estions, 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
Is your child currently receiving any support in their learning?		Yes	☐ No
Does your child have any specific educational needs?		Yes	☐ No
Has your child received Speech Therapy, Occupational Therapy or Ph	ysiotherapy?	Yes	☐ No
Does your child have any problem that limits or affects his/her partici	pation in physical education?	Yes	☐ No
Does your child wear a hearing aid?		Yes	No 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 approve	ed 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.		