



FUNDINO TOTS

APPLICATION FORM

OFFICE ONLY SECTION

| | | | | | |
|----------------------------------|---|----------------------------------|------------------------------------|--|-----------------------------------|
| Date Received | Day | Month | Year | CHILD PASSPORT PHOTOGRAPH x1 | |
| Start Date | Day | Month | Year | | |
| Session Choice(s) | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | | <input type="checkbox"/> Thursday |
| Fees Received | <input type="checkbox"/> Receipt Number : | | | | |
| CHILD INFORMATION | | | | | |
| Child's Full Name | | Surname | First | | |
| Preferred Name | | | | | |
| Date of Birth | Day | Month | Year | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | |
| Nationality (Passport) | | | | | |
| First Language | | | | | |
| Other Language(s) Spoken at Home | | | | | |

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 | | | | | |
| Business Phone | | Country | Area | Local Number | Business Phone | | Country | Area | Local Number |
| Mobile Phone | | Country | Area | Local Number | Mobile Phone | | Country | Area | Local Number |
| Email | | | | Email | | | | | |
| Overseas Address | | | | Overseas Address | | | | | |
| First Language | | | | First Language | | | | | |
| Other Language(s) Spoken | | | | Other Language(s) Spoken | | | | | |

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 Child | Relationship to Child |
| 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 | | |

GENERAL HEALTH

Are there any medical or physical conditions that we should be aware of?

Please include allergies and their relevant detail(s)

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GENERAL INFORMATION

How did you learn about Fundinotots 'Baby & Toddler Group'?

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Would you like to receive further information about enrolling your child into the Early Years Programme? Yes No

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LIABILITY WAIVER

We, the undersigned Parents(s) acknowledge that although Fundinotots will be organised using the School's policy guidelines on security, communication, resources and planning, we understand and agree that:

- the safety and whereabouts of our child whilst on the school premises is our responsibility and/or that of our designated carer;
- the School is not liable in respect of any injury that may occur to our child whilst attending Fundinotots 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 personal belongings; and
- images taken of our child/children during the enrolment period may be used for promotional purposes.

| | |
|---------------------------------|------------------------------|
| Child's Full Name Surname First | Name of Parent Surname First |
| Date Day Month Year | Signature of Parent |



**BRITISH INTERNATIONAL SCHOOL
HO CHI MINH CITY**
A NORD ANGLIA EDUCATION SCHOOL

**EARLY YEARS AND
INFANT CAMPUS**
101 Thao Dien Street, District 2,
Ho Chi Minh City, Vietnam
Phone: (84 28) 3636 0055
Email: eyic@bisvietnam.com

JUNIOR CAMPUS
225 Nguyen Van Huong Street,
Thao Dien, District 2,
Ho Chi Minh City, Vietnam
Phone: (84 28) 3744 4551
Email: jc@bisvietnam.com

SECONDARY CAMPUS
246 Nguyen Van Huong Street,
Thao Dien, District 2,
Ho Chi Minh City, Vietnam
Phone: (84 28) 3744 2335
Email: sc@bisvietnam.com