



SECTION 1: CHILD'S PERSONAL DETAILS

FAMILY NAME

DATE OF BIRTH (DD/MM/YYYY)

 / /


FIRST NAME

GENDER

 MALE FEMALE

MIDDLE NAME

NATIONALITY

PREFERRED NAME (IF ANY)

CURRENT SCHOOL

REQUESTED SATURDAY SCHOOL CLASS

MANDARIN

SENSORY PLAY GROUP

SWIMMING

DRAMA AND PERFORMING ARTS

MUSIC

SECTION 2: ENGLISH LANGUAGE PROFICIENCY

IS ENGLISH THE CHILD'S FIRST LANGUAGE?

 YES NO

WHAT IS THE CHILD'S FIRST LANGUAGE (IF NOT ENGLISH)?

WHICH OTHER LANGUAGE(S) DOES YOUR CHILD UNDERSTAND?

LEVEL OF ENGLISH	FLUENT	STRONG	FAIR	BEGINNER	NONE
LISTENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION OR HEALTH ISSUES THAT MAY REQUIRE ATTENTION WHILST AT SCHOOL?

YES NO

IF YES, PLEASE WRITE THE DETAILS IN THIS BOX.

NAMED DOCTOR OR MEDICAL PROFESSIONAL CONTACT

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, PLEASE WRITE THE DETAILS IN THIS BOX.

YES NO

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS OR REQUIREMENTS? IF YES, PLEASE WRITE THE DETAILS IN THIS BOX.

YES NO

DOES YOUR CHILD HAVE ANY SOCIAL AND EMOTIONAL NEEDS ? IF YES, PLEASE WRITE THE DETAILS IN THIS BOX.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD OR FAMILY? (e.g. FAMILY FAITH)

SECTION 4: CONTACT DETAILS

PARENT / GUARDIAN I

RELATIONSHIP TO CHILD: MOTHER FATHER LEGAL GUARDIAN

FAMILY NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

HOME ADDRESS

EMAIL ADDRESS

MOBILE PHONE

TELEGRAM / WHATSAPP / WECHAT NUMBERS (IF DIFFERENT FROM ABOVE)

ENGLISH LEVEL FLUENCY

FLUENT STRONG FAIR BEGINNER NONE

SECTION 4: CONTACT DETAILS (CONTINUOUS)

EMERGENCY CONTACT

RELATIONSHIP TO CHILD: MOTHER FATHER LEGAL GUARDIAN OTHER (PLEASE SPECIFY)

FAMILY NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

HOME ADDRESS

EMAIL ADDRESS

MOBILE PHONE

TELEGRAM / WHATSAPP / WECHAT NUMBERS (IF DIFFERENT FROM ABOVE)

ENGLISH LEVEL FLUENCY

FLUENT STRONG FAIR BEGINNER NONE

DOES THE CHILD HAVE A PHONE? IF SO, PLEASE SHARE THE NUMBER.

SECTION 5: WAIVER OF LIABILITY AND ASSUMPTION OF RISK

IN CONSIDERATION OF MY CHILD, BEING PERMITTED TO PARTICIPATE IN ACTIVITIES PROVIDED BY SHREWSBURY INTERNATIONAL SCHOOL, PHNOM PENH (THE "SCHOOL"), I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN, HEREBY AGREE TO THE FOLLOWING:

ASSUMPTION OF RISKS:

I UNDERSTAND THAT PARTICIPATION IN ANY ACTIVITY AT THE SCHOOL INVOLVES INHERENT RISKS AND HAZARDS, INCLUDING BUT NOT LIMITED ILLNESS, OR DEATH. I ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THESE ACTIVITIES.

WAIVER OF LIABILITY:

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE SCHOOL, ITS EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY OTHER PARTY INVOLVED IN THE OPERATION OF THE SCHOOL FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION ARISING OUT OF OR CONNECTED WITH MY CHILD'S PARTICIPATION IN ANY ACTIVITIES AT THE SCHOOL.

MEDICAL CONSENT:

IN THE EVENT OF AN ILLNESS OR INJURY TO MY CHILD WHILE AT THE SCHOOL, I AUTHORISE THE SCHOOL STAFF TO SEEK MEDICAL ATTENTION AS DEEMED NECESSARY. I ASSUME FULL RESPONSIBILITY FOR THE RISK OF INJURY, AND HEREBY RELEASE AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AGENTS, AND VOLUNTEERS FROM ANY LIABILITY ARISING FROM MEDICAL TREATMENT PROVIDED TO MY CHILD.

SECTION 6 : SHARING OF INFORMATION/MEDIA

USE OF IMAGES OF/CONTAINING CHILDREN FOR PURPOSES OF MARKETING (NAMES OR ADDRESSES WILL NOT BE PUBLISHED AND ALL IMAGES MANAGED IN LINE WITH THE SCHOOL'S E-SAFETY POLICY).

I AGREE TO IMAGES BEING USED WITHOUT ANY NEED FOR SPECIFIC PERMISSION

DO NOT WISH MY CHILD'S IMAGE TO BE USED IN ANY MARKETING TYPE MATERIAL.

SECTION 7 : AGREEMENT OF PARENT OR GUARDIAN

SIGNATURE

NAME (PLEASE PRINT)

DATE OF APPLICATION (DD/MM/YYYY)

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FOR SCHOOL USE ONLY

NOTE