



**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)

PASSPORT ISSUED AT

PASSPORT NUMBER (IF AVAILABLE)

REQUESTED ENTRY DATE

PLACE OF BIRTH

**SECTION 2: SIBLING INFORMATION**

NAME (FAMILY / GIVEN)

NAME (FAMILY / GIVEN)

NAME (FAMILY / GIVEN)

DATE OF BIRTH (DD/MM/YYYY)

/ / 

DATE OF BIRTH (DD/MM/YYYY)

/ / 

DATE OF BIRTH (DD/MM/YYYY)

/ / 

GENDER

 MALE  FEMALE

GENDER

 MALE  FEMALE

GENDER

 MALE  FEMALE

CURRENT SCHOOL

CURRENT SCHOOL

CURRENT SCHOOL

APPLIED OR WILL APPLY FOR  
SHREWSBURY INTERNATIONAL SCHOOL  
PHNOM PENH?

APPLIED OR WILL APPLY FOR  
SHREWSBURY INTERNATIONAL SCHOOL  
PHNOM PENH?

APPLIED OR WILL APPLY FOR  
SHREWSBURY INTERNATIONAL SCHOOL  
PHNOM PENH?

EXTRA DETAIL

EXTRA DETAIL

EXTRA DETAIL

## SECTION 3: SCHOOL HISTORY

NAME OF SCHOOL AND CURRICULUM

COUNTRY

INTERNATIONAL SCHOOL

 YES  NO

FROM (MM/YYYY)





TO (MM/YYYY)





YEAR OR GRADE LEVEL

HAS YOUR CHILD BEEN PLACED IN A YEAR GROUP (GRADE) THAT IS ABOVE OR BELOW THEIR AGE RANGE? IF SO, PLEASE GIVE DETAILS.

NAME OF SCHOOL AND CURRICULUM

COUNTRY

INTERNATIONAL SCHOOL

 YES  NO

FROM (MM/YYYY)





TO (MM/YYYY)





YEAR OR GRADE LEVEL

HAS YOUR CHILD BEEN PLACED IN A YEAR GROUP (GRADE) THAT IS ABOVE OR BELOW THEIR AGE RANGE? IF SO, PLEASE GIVE DETAILS.

NAME OF SCHOOL AND CURRICULUM

COUNTRY

INTERNATIONAL SCHOOL

 YES  NO

FROM (MM/YYYY)





TO (MM/YYYY)





YEAR OR GRADE LEVEL

HAS YOUR CHILD BEEN PLACED IN A YEAR GROUP (GRADE) THAT IS ABOVE OR BELOW THEIR AGE RANGE? IF SO, PLEASE GIVE DETAILS.

## SECTION 4: 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 style="width: 20px; height: 20px;" type="text"/>				
SPEAKING	<input style="width: 20px; height: 20px;" type="text"/>				
READING	<input style="width: 20px; height: 20px;" type="text"/>				
WRITING	<input style="width: 20px; height: 20px;" type="text"/>				

## SECTION 5: INDIVIDUAL DEVELOPMENT AND LEARNING NEEDS

IN ORDER THAT WE MAY BE ABLE TO BEST SUPPORT YOUR CHILD SHOULD THEY JOIN OUR SCHOOL, PLEASE INDICATE BELOW IF YOUR CHILD HAS A DIAGNOSED OR SUSPECTED INDIVIDUAL LEARNING OR DEVELOPMENT NEED.

		DIAGNOSED	SUSPECTED	NO
PHYSICAL	INCLUDING VISUAL / HEARING / SPEECH / MOBILITY PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL / EMOTIONAL	INCLUDING EATING OR SLEEPING PROBLEMS, ANXIETY, DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIFIC LEARNING NEED</b>				
	• DYSLEXIA / DYSGRAPHIA (READING AND WRITING DIFFICULTIES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• DYSCALCULIA (DIFFICULTIES WITH MATHEMATICAL CALCULATIONS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• DYSPRAXIA (FINE AND GROSS MOTOR SKILL ISSUES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• ATTENTION DEFICIT DISORDER INCLUDING ADD OR ADHD (CONCENTRATION ISSUES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• AUTISM SPECTRUM DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• OTHER: e.g. SPEECH / LANGUAGE DELAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOUR CHILD HAS A DIAGNOSED OR SUSPECTED LEARNING OR DEVELOPMENT NEED, PLEASE WRITE THE DETAILS IN THIS BOX.

HAS YOUR CHILD'S CURRENT SCHOOL EVER RAISED ANY CONCERNS TO YOU ABOUT YOUR CHILD'S BEHAVIOUR OR CONDUCT IN SCHOOL?

YES     NO

IF YES, PLEASE WRITE THE DETAILS IN THIS BOX.

## SECTION 6: 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

## SECTION 7: BACKGROUND INFORMATION

WHAT ARE YOUR CHILD'S FAVOURITE SUBJECTS AND ACTIVITIES IN SCHOOL (IF APPLICABLE)?

WHAT ARE THEIR FAVOURITE HOBBIES OR ACTIVITIES OUTSIDE OF SCHOOL?

CHOOSE WHICH OF THESE DESCRIPTIONS BEST DESCRIBES THE CHILD AT THE TIME OF APPLICATION: (TICK ALL THAT APPLY)

- IS HAPPY TO PLAY ON THEIR OWN       IS HAPPY TO PLAY WITH OTHER CHILDREN  
 MAKES NEW FRIENDS EASILY       FINDS MAKING NEW FRIENDS DIFFICULT

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

## SECTION 8: CONTACT DETAILS

PARENT / GUARDIAN I

RELATIONSHIP TO CHILD:  MOTHER       FATHER       LEGAL GUARDIAN

FAMILY NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

PASSPORT NUMBER

TITLE

COMPANY NAME

POSITION

BUSINESS TYPE

HOME ADDRESS

EMAIL ADDRESS

MOBILE PHONE

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

ENGLISH LEVEL FLUENCY

- FLUENT       STRONG       FAIR       BEGINNER       NONE

## SECTION 8: CONTACT DETAILS (CONTINUOUS)

PARENT / GUARDIAN 2

RELATIONSHIP TO CHILD:  MOTHER  FATHER  LEGAL GUARDIAN

FAMILY NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

PASSPORT NUMBER

TITLE

COMPANY NAME

POSITION

BUSINESS TYPE

HOME ADDRESS

EMAIL ADDRESS

MOBILE PHONE

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

ENGLISH LEVEL FLUENCY

FLUENT  STRONG  FAIR  BEGINNER  NONE

EMERGENCY CONTACT

RELATIONSHIP TO CHILD:  MOTHER  FATHER  LEGAL GUARDIAN

OTHER  
(PLEASE SPECIFY)

FAMILY NAME

FIRST NAME

MIDDLE NAME

NATIONALITY

PASSPORT NUMBER

TITLE

COMPANY NAME

POSITION

BUSINESS TYPE

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 9: PAYMENT INFORMATION

SCHOOL FEES PAID BY

EMPLOYER  % PARENT  % GUARDIAN  %

## SECTION 10: PARENTAL DECLARATION

I/WE HAVE BEEN MADE AWARE OF THE TERMS AND CONDITIONS OF ENROLMENT, PARENT CODE OF CONDUCT AND CURRENT FEE AND REFUND SCHEDULE.

YES  NO

I/WE ARE AWARE THAT SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLMENT.

YES  NO

I/WE UNDERSTAND THAT ANY RELEVANT MEDICAL, CHILD PROTECTION AND SAFEGUARDING RELATED INFORMATION MUST BE SHARED WITH THE SCHOOL.

YES  NO

I/WE ARE UNDERSTAND AND ARE COMMITTED TO THE 'WHOLE CHILD' EDUCATION OFFERED AT SHREWSBURY INTERNATIONAL SCHOOL PHNOM PENH AND THEREFORE SUPPORT PARTICIPATION IN THE RANGE OF CURRICULAR AND CO-CURRICULAR PROVISION (INCLUDING SWIMMING, TRIPS AND PERSONAL AND SOCIAL DEVELOPMENT CLASSES).

YES  NO

## SECTION 11: AGREEMENT OF PARENT OR GUARDIAN

SIGNATURE

NAME (PLEASE PRINT)

DATE OF APPLICATION (DD/MM/YYYY)

  /   /    

## SECTION 12: DOCUMENTS REQUIRED FOR ENROLMENT

PLEASE INCLUDE THE FOLLOWING DOCUMENTS TO SUPPORT THIS APPLICATION:

COPY OF CHILD'S PASSPORT OR ID CARD (AND VISA IF APPLICABLE)

COPY OF BOTH PARENTS' PASSPORTS

ONE PASSPORT PHOTO OF CHILD

COPY OF CHILD'S BIRTH CERTIFICATE

COPY OF MOST RECENT SCHOOL REPORT (IF APPLICABLE)

COPIES OF RELEVANT MEDICAL EVALUATIONS, DIAGNOSES, PRESCRIPTIONS AND CARE PLANS, IF APPLICABLE.

RELEVANT CHILD PROTECTION AND SAFEGUARDING INFORMATION, IF APPLICABLE.

## FOR SCHOOL USE ONLY

SCHOLARSHIP INFORMATION APPLICABLE

BURSARY INFORMATION APPLICABLE

APPLICATION FEE

NOTE