



THE GIVING TREE

INTERNATIONAL SCHOOL

STUDENT ENROLMENT FORM

The parent/guardian must fill out this form completely, sign it, and submit it to the school prior to the student's first day of attendance.

Student Information

Given Names (<i>as per Passport</i>)	(Please attach 2 passport photos of child applying, parents and emergency contacts)
Family Name (<i>as per Passport</i>)	
Preferred Name	
Gender	
Date of Birth (<i>Month, Day, Year</i>)	
Passport Number/National ID	If applying for EY1, EY2, EY3, EY4 <i>please tick</i> <input type="checkbox"/> Full-Day <input type="checkbox"/> Half-day
Nationality 1	Native Language
Nationality 2	Second Language
Date of Enrolment (<i>Month/Day/Year</i>)	Siblings (<i>Name, Age, School</i>)
Last completed Grade level	Requested Grade Level

Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please note that all school lunches are vegetarian.</i>
Family Address in Phnom Penh	

Parent/Guardian Information

Parent/Guardian 1	
Given Name(s)	Family Name
Nationality	Relationship to Student
Email Address	Phone Number
Occupation	Alternative Phone Number
Parent/Guardian 2	
Given Name(s)	Family Name
Nationality	Relationship to Student
Email Address	Phone Number
Occupation	Alternative Phone Number

Student Medical Information

Does your child suffer from any medical conditions? <input type="checkbox"/> Yes (<i>Please provide details below</i>) <input type="checkbox"/> No
Does your child have any allergies to your knowledge? <input type="checkbox"/> Yes (<i>Please provide details below</i>) <input type="checkbox"/> No

Has your child had any vaccinations? <input type="checkbox"/> Yes (<i>Please attach a copy to this application</i>) <input type="checkbox"/> No	
Does your child require any special dietary requirements? <input type="checkbox"/> Yes (<i>Please provide details below</i>) <input type="checkbox"/> No	
Preferred Medical Facility:	Phone Number:
Preferred Physician Name:	
Address:	
I hereby give my consent for the school to administer the following medications/ointments in the event that it is needed;	
<input type="checkbox"/> None <input type="checkbox"/> Antibiotic Ointment <input type="checkbox"/> Paracetamol <input type="checkbox"/> Tiger Balm	
*Please note that parents will be called for permission to use any oral medication, even if it is checked on this form.	

Student Academic Information

Are there any concerns in regards to your child's social or academic progress? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Does your child have any Additional Educational Needs? <input type="checkbox"/> Yes (Please provide details below) <input type="checkbox"/> No Details:	
If yes, has your child received any additional in-school/external support? <input type="checkbox"/> Yes (Please attach supporting documentation) <input type="checkbox"/> No	
Current/Previous School Name:	
Attended from: (month & year)	Attended to: (month & year)
Previous / Current Grade Level	City / Country / Region
Curriculum	Language of Instruction

Has your child ever been rejected, expelled or suspended from school?

Yes (Please provide details below) No

Emergency Contact Information

Given Name(s)	Last Name
Nationality	Relationship to Student
Email Address	Phone Number
Occupation	Alternative Phone Number
If employed, name of company	

Additional & Legal Information

How did you hear about The Giving Tree School?

From a friend/family member School Website
 Facebook Other:.....

Authorizations:

I have been given the opt-out Media Release Form

Yes No

Medical Authorizations:

Policy Agreement Statement:

I have had an opportunity to review the policies of the school, as laid out in the Parent's Handbook, have signed the Parent Agreement to Policies Form, and agree to adhere to them

Yes No

In the event of an accident or emergency situation, I acknowledge that The Giving Tree School shall not be liable for any injuries incurred.

Terms & Conditions

Payment of Fees

- (a) We confirm that we have received a copy of the fee schedule and associated terms and conditions of the School (“Schedule of Fees”) the terms of which are incorporated by reference herein and agree that we will adhere to the terms and conditions of the Schedule of Fees.
- (b) We agree that all fees shall be paid in accordance with the Schedule of Fees. 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.
- (c) The School reserves the right to cancel the enrolment of any Student or not to accept a Student into the School for any reason or no reason at any time before all applicable fees have been paid in full.
- (d) In the event of any inconsistency between these terms and conditions and those set out in the Schedule of Fees, the Schedule of Fees shall prevail.

Change of Details

We agree that:

- (a) any changes to the Student’s particulars, including identifying information, medical history, food preference and allergies shall be advised in writing as soon as possible to the School; and
- (b) any change of my/our contact details and/or emergency contact shall be immediately notified to the School.

Force Majeure

We acknowledge that the School’s duties and obligations provided herein shall be suspended immediately and without notice during all periods that the School is closed because of force majeure events including but not limited to any fire, weather conditions, war, governmental action, acts of terrorism, epidemic, pandemic, or any other event beyond the School’s control. If such an event occurs, the School’s duties and obligations provided for herein will be suspended until such time as the School, at its sole discretion, may safely reopen. In the event that the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the fees paid.

Signature of Parent/Guardian 1:	Date:
Signature of Parent/Guardian 2:	Date:
Signature of School Representative:	Date:
Administration Notes:	