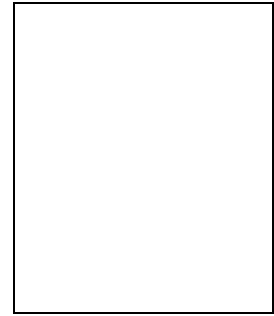




Registration form should be submitted to the office, before May 31, 2018, accompanied by the registration fees for the year 2018-2019, the school insurance and the documents to be provided.

First registration Re-registration



FOR NEW ARRIVALS DURING THE SCHOOL YEAR, DATE OF REGISTRATION TO E.F.S.R. :

1. STUDENT REGISTRATION FOR CLASS:

Family name:

Name:

Date of birth:

Gender: Male Female

Place of birth:

Country of birth:

Nationality: Specify if dual nationality:

Native language:

Other spoken languages:

Most widely spoken language:

Spoken language in the previous school year:

Address in Siem Reap:

.....

2. FATHER OR LEGAL GUARDIAN

Family name/name:

Nationality: (Specify if dual nationality):

Native language: Language spoken with the child:

Profession:

Company name:

Business phone number: Cell phone:

E-mail:

Parent's signature:

3. MOTHER OR LEGAL GUARDIAN

Family name/name:

Nationality: (Specify if dual nationality):

Native language: Language spoken with the child:

Profession:

Company name:

Business phone number: Cell phone:

E-mail:

4. FAMILY SITUATION

In case of separation or parent's absence, with whom should the school communicate?

Father Mother other (give details below)

Family name/name:

Relationship to the child, if not mother or father as indicated above:

Phone number: E-mail:

5. EMERGENCY CONTACT

Name (father or legal guardian): Cell phone:

Name (mother or legal guardian): Cell phone:

Family/Neighbour/Friend/Other: Cell phone:

(Specify name and relationship to child)

6. EDUCATIONAL BACKGROUND

School year	School attended	Grade
2017-2018		
2016-2017		
2015-2016		

For a new registration of a child already enrolled in another school, please include:

1. Certificate of education: cancellation
2. The school report

Parent's signature:

7. SCHOOLING OF SIBLINGS

Name	Family Name	Date of birth	School attended	Grade

8. AUTHORISATION FOR THE EFSR'S SCHOOL DIRECTORY CIRCULATED WITHIN THE SCHOOL

- I authorise the establishment to publish the contact details of the family (address, phone number, e-mail address) in the school directory.
- I don't authorise the establishment to publish the contact of the family (address, phone number, e-mail address) in the school directory.

9. AUTHORISATION FOR THE SCHOOL'S BLOG AND WEBSITE

- I authorise the establishment to publish the picture of my child on the school's blog and website.
- I don't authorise the establishment to publish the picture of my child on the school's blog and website.

10. AUTHORISATION FOR THE FIELD TRIP (CCF, temples...)

- I authorise my child to participate at the field trips organized by the EFSR
- I don't authorise my child to participate at the field trips organized by the EFSR

11. INSURANCES

● HEALTH INSURANCE

I hereby certify that I have purchased health insurance for my child,

- yes Company Policy n° phone number :

Proof of policy must be provided.

- no

Parent's signature:

● CIVIL LIABILITY

I hereby certify that I have purchased LIABILITY INSURANCE for my child,

yes Company Policy n° phone number :

Proof of policy must be provided

no,

In which case, my child must be covered by the EFSR's liability insurance (see the C-2 point of rules of procedures).
I agree to pay the insurance policy price per child as specified in the financial regulation for the current year.

12. HOSPITALISATION IN CASE OF ACCIDENT

In case of emergency at school or during a field trip, the procedure is as follows:

1. We call the parents (or the person specified in point 5) to inform them.
2. If we cannot get hold of any of the specified emergency contacts, we drive your child, in an ambulance to:
ANGKOR HOSPITAL FOR CHILDREN,

or the hospital of your choice. Please specify:

13. MEDICAL SURVEY

To help to prevent any accidents or medical issues in the school for your child, please complete the form below:

Blood group of your child (if known):

Does your child have a particular health problem? (Cardiac, respiratory, neurological, etc.):

If yes, please give details:

Does your child have any allergies? (Generic medicines, insect bites, food, etc.):

If yes, please give details:

Parent's signature:

Does your child have any disease which can need an immediate medical response?
(Asthma, diabetes, epilepsy, convulsions, etc.)

If yes, please give details:

14. VACCINATIONS AND MEDICAL INSPECTION

MANDATORY	HIGHLY RECOMMENDED	OPTIONAL
- TETRACOQ (Diphtheria, Tetanus, Pertussis, Polio) - BCG (Tuberculosis vaccination) - anti-tuberculosis control	- HEVAC B (Hepatitis B) - Meningitis Haemophilus (Hib), - Rabies - MMR (Measles, Mumps, Rubella) - TYPHIM VI (Typhoid)	- Meningitis A and C - HEVAC A (Hepatitis) - Encephalitis B (also called Japanese Encephalitis)

The Institution may require, at the time of enrolment or re-registration of a child, the vaccine certificates for the first three vaccines qualified as "MANDATORY"

A medical examination will be organised during the school year for all students. The date and name of the doctor will be communicated to parents at a later date.

- I agree that my child may be examined by a doctor
- I don't agree that my child may be examined by a doctor

14. ACCEPTANCE OF THE RULES OF PROCEDURES

- By checking this box, I declare having acquainted with the rules of procedures of the school, accept and fully understand it.

15. ACCEPTANCE OF FINANCIAL REGULATION

- By checking this box, I declare having acquainted with the financial regulation of the school, accept and fully understand it.

Parent's signature: