

School year 2024-2025 REGISTRATION FORM

Registration form should be submitted to the office, <u>before June 15th, 2024</u> accompanied by the registration fees, by your registration and school insurance payment for the school year 2024-2025, and the documents to be provide.

For those arriving during the year, the date of arrival at the EFSR:						
Information of the student registered in class of (grade) :						
NAME						
Surname						
Date of birth						
Sex						
Mother language						A <u>RECENT</u>
Nationality (Specify if o	dual nationality)					Picture of the
Other spoken langua	ges /study					student
School attended in 2						
School's 2023-2024						
Passeport number +			Fr	om	to	
Adress (street, village	e, commune)					
	/ '6.1	<u>.</u>	. 1\			
Parents information's	•			di.a O	□ Mathau	. □ Fathau
Legal guardian 1	☐ Mother ☐	□ Father	Legal gua NAME	rdian Z	☐ Mother	□ Father
Surename			Surename			
Nationality			Nationality			
Mother language			Mother language			
Profession			Profession			
Phone number			Phone nur			
Email Email						
In which language do you want to get information (email, liaison book, etc.)?						
Father : ☐ Frence	-		☐ English			☐ Khmer
Mother: ☐ Frenc			☐ Englis			☐ Khmer
Number of children e				01.1		LI KIIITIEI
Number of children e	inolica at the Li	OIX				
Family situation						
☐ Married ☐ Divor	ced □ Single	□ Commo	n-law ⊔ C	Civil union	☐ Widow(er)	☐ Separated
In case of separation or divorce of parents, specify:						
Parental authority: ☐ shared ☐ to father ☐ to mother ☐ other:						
Child's residence: ☐ Alternating custody ☐ Father's home ☐ Mother's home ☐ Other:						
					•••••	

Does your child live with his/her parents? If not, please explain briefly.							
In case of separation/divorce, please indicate below the information concerning the partner							
Household of the legal representative 1	Household of the legal representative 2						
NAME	NAME						
Surename	Surename						
Nationality	Nationality						
Mother language	Mother language						
Profession	Profession						
Phone number	Phone number						
Email	Email						
1							
mergency contact in Cambodia							
Name (mother/Legal guardian)	Phone number						
Name (father/Legal guardian)	Phone number						
Family/Neighbour/Friend/Other	Phone number						
(Specify name and relationship to							
child)							
Laciale and accomite							
lealth and security	Oixil Lightility Ingurance (commuteen)						
Health Insurance	Civil Liability Insurance (compulsory)						
☐ I hereby certify that I have purchased a Health	☐ I hereby certify that I have purchased a Civil						
Insurance for my child	Liability Insurance for my child						
Company:	Company:						
Policy n°:	Policy n°:						
Validity from: to:	Validity from : to :						
Phone number :	Phone number :						
\square No, I do not have health insurance for my	☐ No, I do not have Civil Liability insurance for						
child	my child, and I join the school insurance						
Information about your child's health							
Hospital of your choice if other than "Angkor							
Hospital for Children":							
Blood group, highly recommended:							
Specific problem (cardiac, respiratory,	☐ Yes, specify:						
neurological, etc.)	□ No						
Allergies (drugs, injections, food, etc.)	☐ Yes, specify:						
	□ No						
Illness that requires immediate treatment	☐ Yes, specify:						
(asthma, diabetes, etc.)	□ No						
In case of health problems, has an Individualized	□Yes						
Welcome Protocol (PAI) already been set up?	□No						
	*If yes, please provide us with the documents						
Do you accept that your child is examined during	☐ Yes, specify:						
the medical health check-up?	□ No						
Vaccines: is your child up to date with vaccination	2						
vaccines, is your critically to date with vaccination							

A child must be vaccinated (except recognized medical contraindication) to be admitted to a school or any other community of children. The number of compulsory vaccines depends on the child's date of birth (here, born before 2018).

Parents' signature :

Mandatory vaccines	diphtheria, tetanu	s and poliomyelitis ([OTP)			
Recommended vaccines	Diseases such as tuberculosis, whooping cough, rubella, measles, and mumps, chickenpox, influenza, hepatitis B, zoster, Invasive Haemophilus influenzae type B, pneumococcal, meningococcal C infections, Human papillomavirus infections.					
Vaccines recommended for expatriation in Cambodia □ I confirm that my child is in perfect order for the mandatory and recommended vaccines for Cambodia. □ My child is not in order of vaccination and I commit myself to update his vaccines.						
I wiy orma to flot in order or vac		The Thyben to apacte	no vaccinos.			
Authorizations I authorize the establishment to communicate the contact details of the family to the delegated parents so that they can prepare the school councils □No I authorize the establishment to publish photos of my child: □Yes Website, blog, school social media and brochures. □No I authorize my child to participate in outings organized by the EFSR □Yes □No						
Language Pathways						
Cycle 3 - CM1-CM2 □ Reinforced English course (beginner) □ Advanced English course (confirmed) ▶ 3 h reinforced English ▶ 3 h Advanced English ▶ 2 h khmer language ▶ 2 h khmer language ▶ EMILE 1 h in English: History and Geography EMILE 1 h in Khmer: arts ► EMILE 1 h in Khmer: arts						
Cycle 3 − 6° □ Pathway 1		☐ Pathway 2				
▶ 1 h introduction to Spanish ▶ 1 h introduction to Spanish ▶ 2 h Khmer ▶ 2 h English literature ▶ 4 h English ▶ 4 h English 1 h introduction to Spanish ▶ 2 h English literature ▶ 4 h English 1 h DNL History and Geography in English						
Cycle 4 - 5e-4e-3e	Dethwey 2		Dethwey 2			
 □ Pathway 1 ➤ 3 h LVA: English ➤ 3 h LVB: Spanish or Khmer ➤ 3 h LVC optional: Spanish or Khmer 	 □ Pathway 2 → 3 h LVA: English → 3 h LVB: Spanish or Khmer → 3 h LVC: English language and literature → 1 h DNL History and Geography in English 		 □ Pathway 3 ⇒ 3 h LVA: English ⇒ 3 h LVB: Khmer ⇒ 3 h LVC: Khmer language and literature 			
Documents to be provide (mendatory)						
□ Completed registration for	orm: 4 pages comp ne additional photo ge to be published gal guardians' iden	o if your child has he	gned ealth problems and/or you			

Parents' signature :

 □ Copy of the identity card of the persons authorized to pick up the children at school □ In case of separation of the parents: copy of the judgment determining the custody of the child □ In case of absence of parents: copy of the official document determining the legal responsibility of the child. □ If you check "yes" in the "child's health information" section, a PAI must be established □ Copy of the current vaccination record □ If the child is insured for his/her health: copy of the insurance certificate where the name and phone number of the insurance company, the contract number and the name of the child are specified. □ If the child is insured for civil liability: copy of the insurance certificate where the name and phone number of the insurance company, the contract number and the name of the child are specified. To be given to us before the first day of school. □ Payment of registration fees (see financial regulations) and insurance fees of \$50 (unless proof of liability insurance of the child is provided) For a first registration at EFSR: □ Certificate of termination from the previous school □ The last 6 school's booklets of the child with the notice of passage. 							
 Your child's schooling follow-up form corr Acceptance of the school's educational project 	ipieteu.						
☐ I acknowledge that I have read the educa and accept it in its entirety.	tional project of the French School of Siem Reap						
Acceptance of the school's internal regulations							
☐ I acknowledge having read the rules and and accept them in their entirety.	regulations of the French School of Siem Reap						
Acceptance of the school's financial regulations							
and accept them in their entirety. Please note: Any incomplete application wi	egulations of the French School of Siem Reap Il delay your child's enrolment at the school and is/her schooling.						
the start of h	13/11CF 3CFIDORING.						
Only proof of health and liability insurance can be sent to us at the beginning of the school year.							
Mother's signature or legal guardian :	Father's signature or legal guardian :						

ACCESS AUTHORISATION

2024-2025

e •				
	РНОТО	РНОТО	РНОТО	РНОТО
	Child 4	Child 3	Child 2	Child 1
Surname				
Name				
Class				
Teacher				

PEOPLE AUTHORISED TO COLLECT THE CHILDREN FROM SCHOOL:

·	1 LOT LE AOT	HORISED TO COLLECT THE CHILDREN FROM SCHOOL	lent ili S
Mother	Surname		
(Guardian)	Name		
	Phone number		1 recent photo
	Vehicle		
	License plate		
Father	Surname		
(Guardian)	Name		
	Phone number		1 recent photo
	Vehicle		
	License plate		
3rd person *	Relationship		
	Surname		
	Name		7
	Phone number		1 recent photo
	Vehicle		
	License plate		
4th person *	Relationship		
	Surname		
	Name		1
	Phone number		1 recent photo
	Vehicle		
	License plate		

^{* 3}rd and 4th person : Please attach a copy of their identity document





AUTORISATION DE SORTIR SEUL(E) DE L'ECOLE PERMISSION TO LEAVE THE SCHOOL ALONE

je soussigne I, the unders			5				
Responsabl in charge of		l'enfant	t-				
Scolarisé à Enrolled at E							
			148 <u>16</u>	opres moyens à own means at t			
		Lundi <i>Monday</i>	Mardi Tuesday	Mercredi Wednesday	Jeudi Thursday	Vendredi <i>Friday</i>	
Mid Lun	i chtime						7
9	ès-midi ernoon						
	cher les c eck the bo						_
		accompagné ompanied by	de				
En classe de Enrolled in t		f	15-				
			DEC. NO. 1998.	rée de l'année s ation of the 2024			
Signature du responsable légal Signature of legal representative			Signature de la direction Managment's signature		Signature de l'enseignant Teacher's signature		