



Please attach two (2) recent passport photographs

Pupil Registration Form

Pupil details

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Preferred name or nickname \_\_\_\_\_ Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of birth \_\_\_\_\_
dd mm yyyy

Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_

Important note: the start date and year group are not confirmed until registration is completed

Anticipated starting date at school \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated year group of entry \_\_\_\_\_
dd mm yyyy

Home address in Cambodia \_\_\_\_\_

Mailing address (if different to above) \_\_\_\_\_

Home telephone number (s) \_\_\_\_\_

Home email \_\_\_\_\_@\_\_\_\_\_

Names and ages of siblings at iCAN \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

The pupil lives with both parents  mother  father  extended family  other

Emergency contact name relationship contact phone number
1 \_\_\_\_\_
2 \_\_\_\_\_

## Family details

1. Details of (tick one box) Father  Mother  Guardian  (relationship to pupil) \_\_\_\_\_

Full Name (as it appears in passport) \_\_\_\_\_  
family name given name(s)

Nationality \_\_\_\_\_ Native Language \_\_\_\_\_ Second language \_\_\_\_\_

Name of organisation or business \_\_\_\_\_

International  local organisation  NGO  government  business  diplomatic

Office Address \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

2. Details of (tick one box) Father  Mother  Guardian  (relationship to pupil) \_\_\_\_\_

Full Name (as it appears in passport) \_\_\_\_\_  
family name given name(s)

Nationality \_\_\_\_\_ Native Language \_\_\_\_\_ Second Language \_\_\_\_\_

Name of organisation or business \_\_\_\_\_

International  local organisation  NGO  government  business  diplomatic

Office address \_\_\_\_\_

Telephone 1 \_\_\_\_\_ Telephone 2 \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

## Correspondence (via e-mail) and billing

Please indicate preferred e-mail addresses for school correspondence

Father's home e-mail  Father's work e-mail

Mother's home e-mail  Mother's work e-mail

Other (please give details) \_\_\_\_\_

## Parent/guardian declaration

iCAN British International School reserves the right to offer a place at the school and to determine the placement of the pupil in the year level or subjects judged most appropriate.

We certify that the above information is complete, true and accurate to the best of our knowledge We have read and understand the School's admission policy and agree to conform with the rules, regulations and procedures of the school as stated in the policy.

Signature of parent or guardian \_\_\_\_\_ date \_\_\_\_\_

**For School Use Only:** Date application received \_\_\_\_\_ Registration fee paid \_\_\_\_\_

Class placement \_\_\_\_\_ Expected start date \_\_\_\_\_ English assessment \_\_\_\_\_

Principal's approval \_\_\_\_\_ Date \_\_\_\_\_

## Pupil information

### EDUCATIONAL HISTORY

Name, address and country of last two schools attended:

1. School name \_\_\_\_\_ Language of instruction \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From: (mm/yy) \_\_\_\_/\_\_\_\_ To: (mm/yy) \_\_\_\_/\_\_\_\_ Grades or Year levels: from \_\_\_\_\_ to \_\_\_\_\_

Type of curriculum (American, British, IB etc.) \_\_\_\_\_ What month of the year did the academic year begin? \_\_\_\_\_

2. School name \_\_\_\_\_ Language of instruction \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From: (mm/yy) \_\_\_\_/\_\_\_\_ To: (mm/yy) \_\_\_\_/\_\_\_\_ Grades or Year levels: from \_\_\_\_\_ to \_\_\_\_\_

Type of curriculum (American, British, IB etc.) \_\_\_\_\_ What month of the year did the academic year begin? \_\_\_\_\_

Why is your child leaving his/her current school?

\_\_\_\_\_

### LANGUAGE

Pupil's first language \_\_\_\_\_

If not English, how long has he/she been learning English? \_\_\_\_\_

2<sup>nd</sup> language \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

### ACADEMIC INFORMATION

What subject areas does your child particularly enjoy? \_\_\_\_\_

\_\_\_\_\_

What subject areas does your child find challenging? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy reading? \_\_\_\_\_

What do you believe are your child's talents and gifts? \_\_\_\_\_

\_\_\_\_\_

Has your child ever benefited from additional/small group support in school? \_\_\_\_\_

Details \_\_\_\_\_

Has your child ever been professionally assessed for learning difficulties? \_\_\_\_\_

Details \_\_\_\_\_

Has your child been assessed as particularly gifted or talented? \_\_\_\_\_

Details \_\_\_\_\_

Has your child ever been suspended, expelled or withdrawn from school for disciplinary reasons? \_\_\_\_\_

Details \_\_\_\_\_

**SOCIAL**

Does your child make friends easily? \_\_\_\_\_

Has your child ever received help for any social, emotional or behavioural issues? \_\_\_\_\_

Details \_\_\_\_\_

**ACTIVITIES AND INTERESTS**

Please list the main activities and interests your child enjoys and the approximate amount of time spent on them each week. \_\_\_\_\_

Is there any other information that you want to provide that will help those teaching your child at iCAN?

**MEDICAL DETAILS**

Does your child suffer from any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Migraine Headaches       |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Problems           |
| <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Other _____              |

Major illnesses or impairments \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> impaired hearing | <input type="checkbox"/> impaired speech   |
| <input type="checkbox"/> impaired vision  | <input type="checkbox"/> mobility impaired |

Is your child able to fully participate in P.E./sports? Yes  No  \_\_\_\_\_

Name of pupil's doctor \_\_\_\_\_

Clinic address \_\_\_\_\_

Telephone number \_\_\_\_\_

Medical insurance \_\_\_\_\_