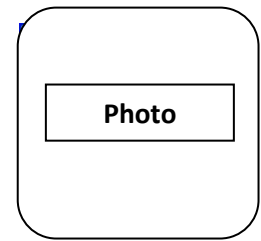




Koroboro International School
Application for Enrolment



Date of application: _____

Early Childhood – Grade 8
Date of Commencement _____

Student Information		
Surname:	Year of entry	Grade
First name/s:		
Preferred first name:	DOB:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Family situation - Child lives with:		
Place in family:	Nationality:	
1 st language:	Home Province (if PNG):	
Religion:	Permission to attend Religious Instruction : Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sibling's Names	Date of Birth	Grade (if at school)s	Name of School

Home Address
Street address:
Suburb:
Home phone:

Postal Address:

Mother/Guardian Details	Father/Guardian Details
Name:	
Address: (if different from above)	Address: (if different from above)
Work phone:	Work phone:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Nationality:	Nationality:
Occupation:	Occupation:



Koroboro International School
Application for Enrolment
 Early Childhood – Grade 8



Emergency Information			
Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	
Student's Doctor			
Name:		Phone:	

Fee Information			
Fee payer:	Self <input type="checkbox"/>	Employer: <input type="checkbox"/>	
		Name:	
Method of sending invoice:	Fax: <input type="checkbox"/>	Email: <input type="checkbox"/>	Hand Delivery: <input type="checkbox"/>
		Number:	Address:
Payment Type:	Annual: <input type="checkbox"/>	Term: <input type="checkbox"/>	

Schools/Pre-schools and grades attended in last 3 years (please attach reports and any other documentation)		
School	Country/Province	Grade
2008 _____	_____	_____
2009 _____	_____	_____
2010 _____	_____	_____
I / We give permission for Koroboro International School to contact previous school/pre-school Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature of parent or guardian _____		Date _____
Signature of parent or guardian _____		Date _____
(Please note that refusal to give permission may affect acceptance of enrolment)		

Health and Safety	
Does your child have any medical conditions that the school should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of condition:	
Does your child require any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of medication:	



Koroboro International School
Application for Enrolment
 Early Childhood – Grade 8



Immunisation			
Measles Yes <input type="checkbox"/> No <input type="checkbox"/>	Mumps Yes <input type="checkbox"/> No <input type="checkbox"/>	Rubella Yes <input type="checkbox"/> No <input type="checkbox"/>	Tetanus Yes <input type="checkbox"/> No <input type="checkbox"/>
Diphtheria Yes <input type="checkbox"/> No <input type="checkbox"/>	Polio Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:
Special Needs			
<p>This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. As specialist or support services are not available in PNG, the Board of Governors may refuse enrolment in the best interests of your child.</p> <p>Any reports, assessments, supporting or relevant documents relating to your child must be made available to the school prior to acceptance of enrolment</p> <p style="text-align: center;"><i>If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.</i></p>			
Has your child been diagnosed with, or shows signs of:			
autism/Asperger's <input type="checkbox"/>	behaviour disorders <input type="checkbox"/>	a hearing impairment <input type="checkbox"/>	
an intellectual disability <input type="checkbox"/>	a language disorder <input type="checkbox"/>	a vision impairment <input type="checkbox"/>	
a physical disability <input type="checkbox"/>	difficulties in basic learning areas <input type="checkbox"/>		
other (please specify)			
<p>Does your child have behaviour issues that may impact on the learning of others? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide details:</p>			

