



INTERNATIONAL SCHOOL
HANOI - VIETNAM

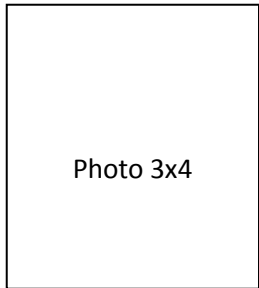


Photo 3x4

Application for ENROLMENT

Location: (please circle) Van Phuc/ Tay Ho

Date of Commencement:

Child's name: _____

DOB: _____ M/F: _____

Nationality: _____

PARENTS DETAILS:

Mother's Name: _____

Father's Name: _____

Nationality: _____

Nationality: _____

Home Address: _____

Home Telephone/Email: _____

Language(s) spoken at home (please circle dominant): _____

CONTACT DETAILS:

Tel (Work): _____

Tel (Work): _____

Tel (Mobile): _____

Tel (Mobile): _____

Email: _____

Email: _____

WORK DETAILS:

Occupation: _____

Occupation: _____

Name of Company: _____

Name of Company: _____

Work Address: _____

Work Address: _____

ENROLMENT REQUEST:

Type: Full time Part-time Full day (8am to 4pm) Half-day (8am to 12pm)

Part time (preferred days): Mon Tue Wed Thu Fri

EMERGENCY CONTACTS (other than parents/guardians):

1. Name: _____ Phone: _____ Relationship (to child): _____

2. Name: _____ Phone: _____ Relationship (to child): _____

AUTHORIZATION FOR COLLECTION OF CHILD (other than parents/guardians):

1. Name: _____ Phone: _____ Relationship (to child): _____
2. Name: _____ Phone: _____ Relationship (to child): _____
3. Name: _____ Phone: _____ Relationship (to child): _____

HEALTH/MEDICAL:

FAMILY DOCTOR: _____ Phone: _____

Address: _____

FAMILY DENTIST: _____ Phone: _____

Address: _____

Preferred medical facility in case of an emergency: _____

HEALTH INSURANCE:

Please provide your child's health insurance information to the MSIS office.

Health insurance number: _____

Provider: _____

Expiration date: _____

MSIS requires every child to have health insurance. If your child does not have health insurance, we are happy to help you purchase the required coverage. Please contact the MSIS office for more information.

HEALTH RECORD:

Please list previous childhood illnesses? _____

Does your child have any allergies? Yes/No

If yes, please list these allergies: _____

Does your child have any special medical conditions/needs? Yes/No

If yes, please give details: _____

GENERAL INFORMATION:

Food likes/ dislikes? _____

Does your child have any special dietary requirements? Yes/No

If yes, please list:

Does your child have any special needs? Yes / No

If you answer YES to any question please attach a written description.

Is your child currently receiving special education services? Yes / No

Has your child received special education services in the past? Yes / No

Does your child have health conditions that may affect educational needs? Yes / No

Does your child have a vision impairment? Yes / No

Does your child have a hearing impairment? Yes / No

Does your child have a speech impairment? Yes / No

Does your child have a mobility impairment? Yes / No

IMMUNISATION RECORD:

Vaccine	Min Age	Birth	2 months	4 months	6 months	12-15 months	2 years		4-6 years
BCG (Tuberculosis)	Birth								
DTaP (Diphtheria, Tetanus and Pertussis)	2 months								
HIB (Haemophilus Influenza Type B)	2 months								
HEPATITIS A	2 years						1	2	
HEPATITIS B	Birth								
JAPANESE ENCEPHALITIS	12 months					1	2	3	
MMR (Measles, Mumps, Rubella)	12 months								
POLIO	2 months								
TYPHOID (THYPHYM IV VICPS)	2 years								
CHICKEN POX	12 months								
MENINGITIS A&C	2 years								



I/We certify that the aforementioned information regarding vaccinations is correct.

Signed (mother): _____ Date: _____

Signed (father): _____ Date: _____

AGREEMENTS:

1. Permission for publicity:

I consent that my child's photograph may be used / may not be used for publicity purposes e.g. newspapers, brochures, websites or photos within the campus, etc.

Signed (mother): _____ Date: _____

Signed (father): _____ Date: _____

2. Payment of fees

I agree to abide by the school's policy regarding the payment of fees. I also understand that fees are to be paid for all days the child is absent or sick and that if I fail to pay fees by the due date, my child's place at the school may be forfeited.

Signed (mother): _____ Date: _____

Signed (father): _____ Date: _____

3. Permission for staff to act in case of an emergency or accident:

Although every care will be taken to ensure the health and safety of your child at school, the staff cannot be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical or dental treatment, every effort will be made to contact the parents before treatment is sought.

In case of an accident or any other emergency resulting in the need for immediate medical or dental attention, I/we authorize the Director or her designated representative to seek the necessary medical and/or dental treatment for my/our child and agree to meet all expenses incurred. I/We understand that Morning Star International School's preferred medical facilities are, **Raffles Medical Hanoi**, **Hanoi Family Medical Practice**, **the French Hospital** or **Vinmec**.

Signed (mother): _____ Date: _____

Signed (father): _____ Date: _____



EMERGENCY AND INCIDENT DISCLAIMER:

In case of an incident or emergency within the school grounds or during a school activity, Morning Star International School accepts no responsibility for financial remuneration for any injury/ies sustained to any child/ren. Morning Star International School is not insured for Public Liability or Indemnity for injury. We advise families to obtain their own insurance needs whilst their child/ren is attending school.

If parents have not elected a preferred medical facility for their child, the school will use either one of the following, Raffles Medical Hanoi, Hanoi Family Medical Practice, the French Hospital or Vinmec for any emergency medical or dental treatment. All costs incurred for this treatment will be the responsibility of the parents of the child/ren.

By signing this disclaimer, I/we the parents of the child/ren fully understand the conditions stated and are willing to accept them as written.

Signed (mother): _____ Date: _____

Signed (father): _____ Date: _____

Please include the following items with this form.

- 1. Passport/Birth Cert**
- 2. Recent Photo**
- 3. School Report**
- 4. Copy of Health Insurance Policy**
- 5. Photo I.D. of person/s authorized to collect my child.**