



PLEASE
ATTACH A
4X6 SIZE
PHOTO OF
STUDENT
HERE

Ground Floor, P1 Park Lane Towers, Ciputra International City, Hanoi.
Phone: (+84)24 2223 9696. Hotline: (+84) 924 198 198

APPLICATION FORM FOR ADMISSION

PERSONAL DATA: STUDENT

Family Name:

Given Name:

Middle Name:

Preferred Name:

Nationality:

Date of Birth: / /
(Day/Month/Year)

Sex: Male / Female
(Please circle)

First Language:

PERSONAL DATA: FAMILY

Mother's Family Name:

First Name:

Nationality:

Father's Family Name:

First Name:

Nationality:

Home Address in Hanoi:

(Please note that all correspondence will be sent to this address unless the school is notified otherwise)

Current Contact Details (please complete all)

Home Phone:

Email:

Mother's Mobile:

Father's Mobile:

PARENT EMPLOYMENT DATA

Name of Company / Organization:

Name of employee:

Position:

Company Address:

Work phone: Work fax: Work email:

REQUIRED DOCUMENT FOR ADMISSION

1. Application Form.
2. Copy of child's passport or Birth Certificate.
3. Submit four (04) recent 4x6 photos.
4. Copy of Vaccination Records / Booklet.

ESSENTIALS FOR STUDENT'S FIRST STEP AT SHIK

1. Extra clothes and underwear.
2. Toothbrush, toothpaste, and plastic cup to hold both.
3. Spoon and fork
4. Indoor shoes
5. Pillow and Blanket
6. Nappies/Diapers, wet tissue (for Pre Nursery and Nursery Class only)

SPECIAL SERVICE INFORMATION: STUDENT

1. Has the child attended any school before? Yes No

If **yes**, please provide detail information:

2. Has the child ever been suspended or requested to withdraw from a school: Yes No

If **yes**, please explain:

3. Has the child had instruction or experience in English? Yes No

If **yes**, in what situation? For how long?

4. Please circle the child's level of proficiency in English: Beginner Intermediate Advanced

5. What language (s) do you speak at home?

6. What other languages does your child speak?

7. Has the child's educational program ever been modified for any of the following reasons?

Behavioral: Yes No Academic: Yes No Gifted/Talented: Yes No

If **yes**, please explain:

8. Does the child have any medical or physical disabilities? Yes No

If this information has not been provided above, please explain:

9. Does the child allergic to any food or medication? Yes No

If **yes**, please explain:

10. Other special requests:



Ground Floor, P1 Park Lane Towers, Ciputra International City, Hanoi.
Phone: (024) 2220 4939. Hotline: 0924 198 198

AGREEMENT BETWEEN THE SCHOOL AND PARENTS/ GUARDIANS

To the Principal,

I / We desire to enroll:

.....

(Family Name)

(First/Given Name)

(Middle Name)

as a student at the Sunshine House International Kindergarten (SHIK). If this application is successful, I/

We hereby agree to the following conditions of enrollment:

1. I / We agree to understand, accept and support the Philosophy and Mission of the School and be bound by the rules governing the School, the authority of the Principal and the Board of Management of the School.
2. I / We agree that the School reserves the right, following admission, to discontinue the enrolment of a student at any time if it becomes evident that the School was misinformed regarding any application documentation or it becomes evident that the School does not have the resources to address successfully the individual needs of that student.
3. I / We agree that for the payments of fees, we are jointly (together) and severally (alone), liable, regardless of whether a letter from a company or organization is provided clearly accepting its full liability for fee payments.
4. I / We agree to pay all fees as detailed on fee invoices and I / we understand that the non-payment on or before the requested date excludes the student from attending SHIK. It is our obligation to ensure the fees due are paid on time.
5. I / We agree to accept and be bound by the rules governing health and medical requirements for the safety of all students at the school. It is our obligation to ensure that evidence of required medical examinations, along with evidence of required immunizations are provided to the School within the stipulated period. I / We understand and accept that students may be required to undergo further medical emergency and/or safety precautionary measures during times of disease outbreak, or where medical investigative measures are deemed necessary by school policy or the Principal.
6. I / We agree that the teachers can exercise of behalf of parents, such discipline they regard as necessary or expedients for the student in accordance with the guidelines set down in the School's discipline policy.
7. I / We agree the School may at its discretion, suspend or terminate a student's enrollment for failure to comply the conditions of the Agreement, as well as for other serious breaches of the School's rules and regulations.

8. I / We agree to allow my / our children, to involve themselves in all of the School's activities, including excursions, field trip arranged by the School.
9. I / We agree in the case of an emergency, the school is permitted to give appropriate medical attention and/or treatment.
10. I / We agree to provide prescription when asking the School to administer any medicine to my child. I / we hold the School no legal responsibility of any medical reaction/side effects that may arise from the administration of the medicine (s).
11. I / We agree to have our contact details be published in the school directory.
12. I / We agree that student photographs, images and recordings might be used for school promotion materials.
13. I / We agree that sometimes accidents are unavoidable and a natural part of growing up and children might acquire bumps, scratches and bruises... Upon registration, this kind of accidents will be covered by the students annual insurance or their private insurance and agree that any medical charges incurred due to their own illness at the school will be the sole responsibility of the parent.
14. I / We agree to the School' policy of NO CANDIES, JELLIES, HARD SWEETS; School's policy of NO TOYS BRING TO SCHOOL; School's policy of NO VALUABLE STUDENT BELONGINGS.
15. I / We do hereby undertake to indemnify and save harmless the School, management and staff in respect of any liability arising in consequence hereof and further undertake to obtain insurance cover for our said child and when necessary, and in particular in respect of travel and official school activities, against all risks.

.....
(Date)

.....
(Signature of Parents/ Guardians)

.....
(SHIK Principal)

ADMISSION DATA

1. Preference for Grade Placement:

- | | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| Pre Nursery International | <input type="checkbox"/> | Pre Nursery Integrated | <input type="checkbox"/> |
| Nursery International | <input type="checkbox"/> | Nursery Integrated | <input type="checkbox"/> |
| Pre-Kindergarten International | <input type="checkbox"/> | Pre-Kindergarten Integrated | <input type="checkbox"/> |
| Kindergarten International | <input type="checkbox"/> | Kindergarten Integrated | <input type="checkbox"/> |

2. Expected Date of Enrollment: Day Month Year

3. Expected length of stay:

4. Possible date of withdrawal:/...../.....

(Day/Month/Year)

IMPORTANT NOTES

1. Application Form should be submitted as early as possible as spaces are limited in all classes.
2. The application form cannot be processed until the School first receives the payment of a one-time, non-refundable Registration fee.
3. Documentation should be filled and signed by parents/guardians.