



INTERNATIONAL EDUCATION AGENCY OF PAPUA NEW GUINEA LIMITED

Phone: 302 3900 • E-mail: info@iea.ac.pg • Website: www.ieapng.net

ENROLMENT FORM

School:

Grade applied for

Starting Date:

D D M M Y Y

PLEASE ATTACH A
PASSPORT SIZE
PHOTO IN THIS
BOX

Student Enrolment Information

Family Name:

Given Names:

Date of Birth:

D D M M Y Y

Female

Male

Nationality:

Religion:

Student contact details

Home phone:

Postal Address:

Residential Address:

Family Situation – child lives with:

Transport arrangements to / from school:

Please indicate who will be responsible for paying the school fee: (Please tick applicable box)

Parent / Guardian

Company

Name:

Government

Name of Department:

Details of Father / Guardian

Name:

Business Phone:

Business Fax:

E-mail:

Employer:

Occupation:

Nationality:

Details of Mother / Guardian

Name:

Business Phone:

Business Fax:

E-mail:

Employer:

Occupation:

Nationality:

Name of other emergency contact:

Phone:

(Must have telephone)

Schools and grades attended in the last 3 years:Year: Grade: School:
Country:
Province: Year: Grade: School:
Country:
Province: Year: Grade: School:
Country:
Province: **Names and grades of other children attending IEA or other schools:**

(For additional space please use back of this enrolment form)

Name: Grade: School: Name: Grade: School: Name: Grade: School: Language spoken at home: Other languages spoken: Disabilities: Special Needs: Medical condition: Name of student's Doctor: Phone:

- In the event of the school being unable to contact parents/guardians in an emergency, I give permission to arrange medical and/or dental treatment, as required.
- I give permission for my child to attend school excursion. The school will notify parents prior to the excursions regarding specific details.
- I have read the school prospectus / parent handbook and agree to abide by school policies.
- I have read the school discipline code and am aware of the established policies.
- I understand the importance of punctuality and agree to make suitable arrangements to deliver my child to school prior to the commencement of lessons. I will ensure that my child is picked up promptly (within half an hour) at the end of the school day.
- I undertake to pay fees in accordance with the School Fee Policy.
- I will notify the school if there are any changes to the information on this form, in particular contact information and living arrangements.

I learned about the school through:

(Please tick one)

- | | |
|---|---|
| <input type="checkbox"/> TV | <input type="checkbox"/> A friend |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Already a parent |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Another IEA school |
| <input type="checkbox"/> Direct approach by IEA staff | <input type="checkbox"/> Other |

Signature of Parent / Guardian:Date:
D D M M Y Y**OFFICE USE ONLY**School: Admitted to Grade: Student key: Family Account: House: Admission No. Admission Date:
D D M M Y YTuition Fee: Discount: Tag: Birth Certificate/Passport sighted: Yes No
(Please tick applicable box)Transfer Certificate provided: Yes No
(Please tick applicable box)