



# GORDON INTERNATIONAL SCHOOL

PO Box 1825, Boroko, NCD, Papua New Guinea Tel: (675) 325 4088 Fax (675) 325 6969 Email: [mail@gordon.iea.ac.pg](mailto:mail@gordon.iea.ac.pg)

Owned and operated by International Education Agency



## Application for Re-Enrolment 2025

ELC – Grade 8

Photo

Date of application: \_\_\_\_\_ 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"/>	Language spoken at home:	
Family situation - Child lives with:		
Place in family:	Religion:	Nationality:

**Please fill in any information below that has changed from last year's form.  
If you are unsure, please check the school records or fill in the details again.**

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

Home Address		
Section :	Lot:	Street address:
Suburb:		
Home phone:		
Postal Address:		

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

<b>Emergency Information</b>	
Contact 1 Name:	Contact 2 Name:
Relationship to child:	Relationship to child:
Mobile:                      Work Phone:	Mobile:                      Work Phone:
Email:	Email:
<b>Student's Doctor</b>	
Name:	Phone:
Hospital for referral:	Email:

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

<b>Health and Safety</b>	
Does your child have any medical conditions that the school should be aware of? Nature of condition:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require any medication? Details of medication:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give consent for Panadol to be administered by our school Nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>