



INTERNATIONAL EDUCATION AGENCY OF PAPUA NEW GUINEA LIMITED

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ENROLMENT FORM

School:

Kimbe International School 2025

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:

- 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 excursions. 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)

☐ TV

☐ Radio

☐ Newspaper

☐ Direct approach by IEA staff

☐ A friend

☐ Already a parent

☐ Another IEA school

☐ 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 Y

Tuition Fee:

Discount:

Tag:

Birth Certificate/Passport sighted:

Yes

☐

No

☐

(Please tick applicable box)

Transfer Certificate provided:

Yes

☐

No

☐

(Please tick applicable box)