Lae International School

PO Box 2130, Lae 0411, PNG
Ph: 479 1422 Fax: 472 3485

PRIMARY/MIDDLE CAMPUS — Bumbu Road
SECONDARY CAMPUS — Coronation Drive

Owned and operated by IEA — IEA

Enrolment Application Form

2x current passport size Photos

Grade Applying for: _____
Expected Start Date: ____/____/____/

***Student Information:**

Family Name:		
Given Name/s:		
Preferred first Name:	D. O. B _____/_____/_____	
Sex: Male / Female:	Language spoken at home:	
Family Situation – Child live with:		
Place in family:	Religion:	Nationality:

***Home Address**

Street:
Suburb:
Home Phone:
Postal Address:

*** Parent/Guardian Details**

Mother/ Guardian Details	**Father/ Guardian Detail**
Name:	Name
Work Phone	Work Phone
Home Phone	Home Phone
Mobile	Mobile
Email	Email
Nationality	Nationality
Occupation:	Occupation:
Employer	Employer

Please note that all sections must be fully completed.

***Emergency Contacts**

Contact 1		Contact 2	
Relationship		Relationship	
Work ph.:	Home ph.:	Work ph.:	Home ph.:
Mobile:		Mobile:	

Students Doctor:

Name:	Phone:

Health and Safety – It is a requirement that parents provide a management plan for serious health conditions. Please update the school of any changes in medical conditions.

Does your son/ daughter have any medical conditions that the school should be aware of: Yes/ No If yes, please state Nature of condition:
Does your son/daughter require any medication: Yes/ No If yes, please state details of medication
Does your son/daughter require an asthma puffer: Yes/no **If yes, please provide an extra puffer for the school and clearly label with student's name.**

Special Needs Education: If your child has any Special Educational Needs please gie details below. Lae International School has limited provision of SEN and an interview may be necessary as part of the enrolment process.

Siblings Names (If any)	Grade	School

***Fee Information:**

Fee Payer:	Self ☐	Employer: State Employer Name:
Method of sending Invoice	Fax Number:	Email Address:
Payment type	Annual ☐	Term ☐
Address of Fee Payer		

***Previous School Information**:

Name of previous school: _____

Contact details: _____

Grade enrolled in last year: _____
I give permission to Lae International School to contact previous school. Yes/ No

Signature of Parent. Guardian _____ Date: _____

(**Please note that refusal to give permission may affect acceptance of enrolment**)

***School Drop off Pick up Arrangement**

Name of Person responsible for Dropping off child/children at school.

Full Name: _____

Full Name: _____

Enrolment Points of Understanding and Agreement

	Yes	No
In the event of the school being unable to contact parents/ guardians in an emergency, I/We give permission to arrange medical and/or dental treatment, as required. Parents will be responsible for any cost incurred.		
I/ We give permission for my/our son/daughter to attend school excursions. The school will notify parents/guardians prior to the excursion regarding specific details.		
I/We agree that our child's school uniform, including PE uniform will be worn proudly, correctly and neatly.		
I/ We agree to make arrangements for our child's punctual arrival to school prior to the commencement of lessons. We agree to ensure that departure at the end of the day is timely, within half an hour of the end of the school day or after a co-curricular activity.		
I undertake to pay fees in accordance with the school Policy and IEA directives. Failure may mean students will be asked not to attend classes.		
I/we will notify the school if there is any changes to the information on the enrolment form, especially mobile phone numbers, contact information, living arrangements and medical conditions. I/We understand that on the occasion that both parents are not with child, parents' must contact school to inform the school of guardian name.		
If the school contacts me with concerns about my child's health I will arrange for my child to be collected immediately.		
I will ensure that I am contactable at all times so that I can support the school as they work to care for my child.		
I understand that failure to comply with any of the above expectations could lead to my child not being able to attend school until I am able to fully comply with the above expectations.		

_____ _____

Full Name of Parent/Guardian Signature

_____ _____

Full Name of Parent/Guardian Signature

_____/_____/_____

dd / mm / yy