Lae International School

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

Owned and operated by IEA —

BOARDING ENROLMENT APPLICATION FORM

CAMPUS DETAILS – choose one campus only.		PRIMARY: _____	SECONDARY: _____
Year applied for:		start date:	
Student details			
Family Name:		Given Name:	
Date of Birth:		Male:	Female:
Nationality:		Main Language:	
Province:		Religion:	
Which Church do you want your child to attend?			
Residential Address:			
Postal Address:			
Home Phone:		Home Fax:	
Home E-mail:		Other No:	
Family details			
Father/Guardian details		Title	
Family Name		Given Name	
Employer		Occupation	
Work Phone		Work Fax	
Work E-mail		Other No	
Mother/Guardian details		Title:	
Family Name:		Given Name	
Employer		Occupation	
Work Phone		Work Fax	
Work E-mail		Other No	

Emergency Contact and Medical Details			
Name:			
Address:			
Phone:		Relationship to student:	
Doctor:		Location:	
Phone:		Fax:	

** By signing this enrolment form, I accept that in the absence of the preferred doctor, the school will seek medical assistance from any other doctor in an emergency. IEA schools do not provide comprehensive Personal Accident Insurance cover for students. In the case of significant medical costs, such as medevac, students need to be covered by insurance policies taken out by their family or company.*

Medical problems that the boarding house should be aware of:

(DO NOT LEAVE BLANK, if no conditions exist then write NONE)

By signing this Enrolment Form, I accept that in the absence of the preferred doctor, the Boarding Parents will seek medical assistance from any other doctor in emergency. In the case of medical costs these are not included as part of the Boarding Fees and will be debited to the parents' account where not covered under IEA Accident or Medical Insurance cover. Parents are also recommended to take out medical insurance cover for their child against medical emergencies such as medevac or major surgery.

WEEKEND LEAVE HOSTS

I hereby give my permission for my child to be signed out and stay with the following responsible adult/s only on weekends or for day visits. I understand that the Boarding House staff have the right to make the final decision on visits. I further understand that any changes to this list must be made in writing. NB, students are not permitted to sign out other students.

Full Name:		Contact details:	
Full Name:		Contact details:	
Full Name:		Contact details:	

a) AFTER SCHOOL HOURS ACTIVITIES

After hours activities refer to such things as shopping, weekend sports, religious services, Weekend Excursions, etc. (please tick only ONE box below):

- ❑ I understand and accept that my child will participate in after hour activities **only under the supervision** of the Boarding House Staff (including roving supervision at the site of the activity).
- ❑ **Grade 11 & 12 Students Only:** I give permission for my child to participate in **Unsupervised** after hour activities and to sign themselves out on a Weekend Day Pass only **without being supervised** by the Boarding House Staff.

b) AUTHORIZATION

I understand that should I wish to change any of these signing out arrangements I must inform the school in writing by letter, fax or email.

BOARDING ENROLMENT AGREEMENT

- I have read and understand the conditions relating to Fees and the Code of Conduct and other rules set out in the Handbook.
- I understand that this enrolment is valid for one school year only.
- I accept that my child will be expected to participate in supervised School and Boarding House off-site excursions and/or activities.

Father/Guardian's Signature: _____

DATE: _____

Father/Guardian's Signature: _____

DATE: _____

Student Signature: _____

DATE: _____