



ALOTAU INTERNATIONAL SCHOOL

PO BOX 154, ALOTAU, MILNE BAY PROVINCE. PAPUA NEW GUINEA

TEL (675) 641 1078 / 641 1211 / 71920481 PRINCIPAL: Ms Kolish Stanley kstanley@alotau.iea.ac.pg

ENROLMENT FORM 2026

School:

Grade applied for:

Starting Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Female Male

Nationality:

Religion:

Student contact details

Postal:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Residential:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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/Mobile:

Business Fax:

Email:

Employer:

Occupation:

Nationality:

Parent ID No: (One required) NID:

PASSPORT:

DRIVING LICENCE:

Details of Mother / Guardian

Name:

Business Phone/Mobile:

Business Fax:

Email:

Employer:

Occupation:

Nationality:

Parent ID No: (One required) NID:

PASSPORT:

DRIVING LICENCE:

Name of other emergency contact:

Phone:

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 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 understand 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.

The school can use my child's/children's photo for the school marketing /publications like newsletter, social media, website, etc.

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 MIS Staff | <input type="checkbox"/> Other |

Signature of Parent / Guardian:

Date:
D D M M Y Y

OFFICE USE ONLY

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)

Student Report Yes No
 (Please tick applicable box)