



# INTERNATIONAL EDUCATION AGENCY OF PAPUA NEW GUINEA LIMITED

Ph: 321 4720 • Fax: 321 4668 • E-mail: [iea@iea.ac.pg](mailto:iea@iea.ac.pg) • Website: [www.iea.ac.pg](http://www.iea.ac.pg)

## ENROLMENT FORM

School:

*Kimbe International School 2026*

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

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:

<input type="text"/>	Phone: <input type="text"/>
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(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:**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 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)

- |   |   |
|---|---|
| <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 IEA staff | <input type="checkbox"/> 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 YTuition Fee: Discount: Tag: Birth Certificate/Passport sighted: Yes  No   
(Please tick applicable box)Transfer Certificate provided: Yes  No   
(Please tick applicable box)