



KIMBE INTERNATIONAL SCHOOL

P.O. Box 307, Kimbe, West New Britain Province, Papua New Guinea
 Tel: (675) 983 5078 Fax: (675) 983 5579 Email: office@kimbe.iea.ac.pg

2026 CONTINUING STUDENT FORM

Grade Applied for		Start Date	
STUDENT DETAILS			
Family Name		Given Name	
Date of Birth		Gender	
Residential Address			
Postal Address			
Home Phone		Other Phone	
Home E-mail		Other Email	
FAMILY DETAILS			
Father/Guardian details.		Title	
Family Name		Given Name	
Employer		Occupation	
Work Phone		Other No.	
Work E-mail		Other Email	
Mother/Guardian details.		Title	
Family Name		Given Name	
Employer		Occupation	
Work Phone		Other No.	
Work E-mail		Other Email	
Emergency Contact Details			
Name			
Address			
Phone		Relationship to Student	Mother

MEDICAL DETAILS.			
Doctor		Location	
Phone		Fax	
<p><i>* 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.</i></p>			
MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF.			
DO NOT LEAVE BLANK, if no conditions exist then write NONE			

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SCHOOL FEE PAYMENT DETAILS.

Private/ Company	Annual Discounted Rate/ Term Payments		
Fees paid by	Parents	Employer	Other

N.B. Parents are responsible for the payment of fees irrespective of any arrangement with an employer, including government departments.

Agreement

- I have read and understand the *School Fee Policy*.
- I understand that to obtain any refund on Fees or Bonds paid in advance I am required to give 5 weeks' notice, in writing.
- For all private parents paying by instalment, a minimum of 50% of the Term 1 fee must be paid before students can attend school on 22 January 2025.
- I acknowledge that the school may use my student's image/likeness in advertising and media.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

ACCEPTANCE OF CONTINUING ENROLMENT

Office Use Only

Commencement Date: _____ Grade: _____ All outstanding monies cleared from <input type="checkbox"/> previous year <input type="checkbox"/> Payment Received: K _____ Date: _____	<hr/> Enrolment Accepted Admin Initials _____ Date: _____
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