



GOROKA INTERNATIONAL SCHOOL
PO Box 845, GOROKA 411, EHP, PAPUA NEW GUINEA
LOT 11, SECTION 14, GRIFFITHS & MORCHHAUSER STREET, WEST GOROKA
PHONE: 532 1452 FAX: 532 2146 EMAIL: infor@goroka.iaa.ac.pg



OWNED AND OPERATED BY THE INTERNATIONAL EDUCATION AGENCY

Application for Enrolment
Early Childhood –Grade 8

Passport
Size Photo

Date of application: ____/____/____ Date of Commencement: ____/____/____

Student Information		
Surname:	Year of entry	Grade
First name/s:		
Preferred first name:	Sex: Male ☐ Female ☐	
DOB: / /	Place of Birth:	
Family Situation- Child lives with:		
Place in family:	Nationality:	
1 st Language:	Home Province(if PNG):	
Religion:	Permission to attend Religious Instruction: Yes ☐ No ☐	

Sibling's Names	Date of Birth	Grade(if at school)	Name of School

Home Address		
Street address:	Section:	Lot:
Home Phone:	Suburb:	

Postal Address:

Mother/Guardian Details	Father/Guardian Details
Name:	Name:
Address: (if different from above)	Address: (if different from above)
Work phone:	Work phone:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Nationality:	Nationality:
Occupation:	Occupation:
Employer:	Employer:



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Immunization			
Measles Yes ☐ No ☐	Mumps Yes ☐ No ☐	Rubella Yes ☐ No ☐	Tetanus Yes ☐ No ☐
Diphtheria Yes ☐ No ☐	Polio Yes ☐ No ☐	Hepatitis Yes ☐ No ☐	Other:
Special Needs			
This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into school. It will assist the school to develop appropriate strategies to meet the particular need of your child. As specialist or support services are not available in PNG, the Board of Governors may refuse enrolment in the best interest of your child. Any reports, assessments, supporting or relevant documents relating to your child must be made available to the school prior to acceptance of enrolment. <i>If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.</i>			
Has your child been diagnosed with, or shows signs of disorder:			
Autism/Asperger's ☐	Behavior disorder ☐	a hearing impairment ☐	
An intellectual disability ☐	A language disorder ☐	A vision impairment ☐	
A physical disability ☐	Difficulties in basic learning areas ☐		
Does your child have behavior issues that may impact on the learning of others? Yes ☐ No ☐			
Please provide details:			



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Emergency (Contact information for other persons if unable to get through to parents)

Contact 1 Name:		Contact 2 Name:	
Hm Ph:	Wk Ph:	Hm Ph:	Wk Ph:
Mobile:		Mobile:	
Student's Doctor Name & Preferred Medical Centre			
Name:		Phone:	

Fee Information

Fee payer:	Self ☐	Employer: ☐	
		Name:	
Method of sending invoice.	Fax: ☐ Number:	Email: ☐ Address:	Hand Delivery: ☐
Payment Type:	Annual: ☐	Term: ☐	

School/Pre-schools and grades attended in last 3 years (please attach reports and any other documentation)

School	Country/Province	Grade
2018 _____	_____	_____
2019 _____	_____	_____
2020 _____	_____	_____

I/We give permission for Goroka International School to contact previous school/pre-school.

Yes: ☐ No: ☐

Signature of parent or guardian: _____ Date: ____/____/____

Signature of parent or guardian: _____ Date: ____/____/____

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

Health & Safety

Does your child have any medical conditions that the school should be aware of?

Yes: ☐ No: ☐

Nature of condition:

Does your child require any medication? Yes: ☐ No: ☐

Details of medication:

