



**This section is for the Admin Office.**

- Photocopy of passport identification page or birth certificate
- Four current passport photos of the child
- Two passport photos of authorized adults for gate passes
- Proof of Current Vaccination Records
- Proof of Recent Travel

## Student Enrolment Form

Please complete the boxes below and deliver a signed copy of this form to the school office. A separate form must be completed for each child.

1. Full name of child:   
Family Name                        
First Name                        
Middle Initial
2. Date of birth:   
Day                      Month                      Year                      Sex:    Female                       Male
3. Desired Shift:     Half Day                       Full Day                       Twilight (2:30pm to 5:00pm)
4. Nationality:    1.                       2.
5. Native language:
6. Other languages spoken in order of fluency:

### 7. Parent / Guardian(s) Information:

- Parent / Guardian 1:
- Relationship to Child:                       Nationality:
- Organisation:                       Position:
- Office phone:                       Mobile:
- Email:
- Parent / Guardian 2:
- Relationship to Child:                       Nationality:
- Organisation:                       Position:
- Office phone:                       Mobile:
- Email:

8. Home address:

9. Home Phone number:

I understand my phone number will be added to a WhatsApp group where important information about the school may be shared

10. Preferred email for communication:

I understand that the school sends home regular email with important information and dates.

11. Name of previous school or daycare attended:

12. Name, age, sex of student's siblings:

13. **Media Policy:** I understand that during the school year, the school staff take photos of the children engaged in daily activities and special events. These photos are used in the internal school newsletter, and for the end of year learning reports. These photos will be used internally and will never be published in combination with the child's name. Should the school wish to use a particular photo for marketing purposes, the office will contact me directly for permission.

I give permission for my child to be photographed for use in internal school materials.

I do not want my child photographed.

**14. Confidential Student Medical Information**

a. Please list any health conditions, allergies or illnesses which affect your child:

b. Do any of the above prevent participation in physical activities? Yes  No

If Yes, please explain:

c. Is your child on any medication? Yes  No

If Yes, please list and state illness:

**15. Emergency Medical Treatment**

a. Family Physician:

b. Clinic name:

c. Clinic Phone Number:

16. Do you have private medical insurance for your child? Yes  No

If Yes, please state the company name and phone number:

17. In case of an emergency both parents/ guardians will be notified immediately. Please provide an alternative emergency contact if both parents/ guardians cannot be reached.

Name

Phone Number

**18. Authorization for Emergency Medical Treatment.** In the event of an emergency requiring urgent medical attention, I hereby authorize the staff of Gecko Garden School to seek immediate medical care for my child, with the understanding that I will be notified as soon as possible. I understand that the school will make every effort to take my child to the physician/clinic identified below. In the event my nominated clinic is not possible for reasons of distance or others, I authorize the staff of Gecko Garden School to use the closest available medical center registered with the Ministry of Health (most likely Embassy Medical Center). I accept that any charges incurred will be directed to me unless covered by Gecko Garden School's insurance policy.

Yes, I so authorize.

19. **Travel History.** As required by the Ministry of Education Youth and Sports in August 2020, families must provide proof of recent travel overseas in prevention of a CoVID-19 outbreak. Any person who has traveled outside of Cambodia within the past 2 months must provide a medical certificate stating that he/she is negative with CoVID-19. In the event of travel, families will be asked to quarantine for two weeks after arrival in Cambodia, and provide a certificate of a negative COVID-19 test at the end of that time.

a. Has your child traveled outside of the country within the past 2 months?

Yes

No

b. If Yes, please state the dates and the country visited.

20. Along with this form, please provide to the office:

- Four current passport photos of the child
- Proof of recent travel. (Photocopy of the child's passport page showing recent arrival in Cambodia, and/or other countries visited in the past 2 months).
- If relevant, medical certificate of CoVID-19 testing.
- Two passport photos of each person authorised to pick the child up from school
- Current vaccination records for the child
- Photocopy of the child's passport identification page or birth certificate
- Signed GGS Health and Safety Procedures

Signature of Parent / Guardian 1:

Date:

Signature of Parent / Guardian 2:

Date: