



Please attach two (2) recent passport photographs

Registration form

Learner details

Family name _____ Given name(s) _____

Preferred name or nickname _____ Male Female

Date of Birth ____/____/____ Country of birth _____
dd mm yyyy

Nationality _____ Passport No. _____

Important note: the start date and year group are not confirmed until registration is completed

Anticipated starting date at school ____/____/____ Anticipated year group of entry _____
dd mm yyyy

Home address in Cambodia _____

Mailing address (if different to above) _____

Home telephone number (s) _____

Home email _____@_____

Names and ages of siblings at iCAN _____

Language(s) spoken at home _____

The child lives with both parents mother father extended family other

Emergency contact name	relationship	contact phone number
1 _____	_____	_____
2 _____	_____	_____

Family details

1. Details of (tick one box) Father Mother Guardian (relationship to child) _____

Full Name (as it appears in passport) _____
family name given name(s)

Nationality _____ Native Language _____ Second language _____

Name of organisation or business _____

International local organization NGO government business diplomatic

Office Address _____

Telephone 1 _____ Telephone 2 _____

E-mail Address _____ @ _____

2. Details of (tick one box) Father Mother Guardian (relationship to child) _____

Full Name (as it appears in passport) _____
family name given name(s)

Nationality _____ Native Language _____ Second Language _____

Name of organisation or business _____

International local organization NGO government business diplomatic

Office address _____

Telephone 1 _____ Telephone 2 _____

E-mail Address _____ @ _____

Correspondence (via e-mail) and billing

Please indicate preferred e-mail addresses for school correspondence

Father's home e-mail Father's work e-mail

Mother's home e-mail Mother's work e-mail

Other (please give details) _____

Parent/guardian declaration

iCAN British International School reserves the right to offer a place at the school and to determine the placement of the child in the year level or subjects judged most appropriate.

We certify that the above information is complete, true and accurate to the best of our knowledge. We have read and understand the School's admission policy and agree to conform with the rules, regulations and procedures of the school as stated in the policy.

Signature of parent or guardian _____ date _____

For School Use Only: Date application received _____ Registration fee paid _____

Class placement _____ Expected start date _____ English assessment _____

Principal's approval _____ Date _____

Learner information

EDUCATIONAL HISTORY

Name, address and country of last two schools attended:

1. School name _____ Language of instruction _____

Address: _____

Dates: From: (mm/yy) ___/___ To: (mm/yy) ___/___ Grades or Year levels: from ___ to _____

Type of curriculum (American, British, IB etc.) _____ What month of the year did the academic year begin? _____

2. School name _____ Language of instruction _____

Address: _____

Dates: From: (mm/yy) ___/___ To: (mm/yy) ___/___ Grades or Year levels: from ___ to _____

Type of curriculum (American, British, IB etc.) _____ What month of the year did the academic year begin? _____

Why is your child leaving his/her current school?

LANGUAGE

Child's first language _____

If not English, how long has he/she been learning English? _____

2nd language _____ Languages spoken at home _____

ACADEMIC INFORMATION

What subject areas does your child particularly enjoy? _____

What subject areas does your child find challenging? _____

Does your child enjoy reading? _____

What do you believe are your child's talents and gifts? _____

Has your child ever benefited from additional/small group support in school? _____

Details _____

Has your child ever been professionally assessed for learning difficulties? _____

Details _____

Has your child been assessed as particularly gifted or talented? _____

Details _____

Has your child ever been suspended, expelled or withdrawn from school for disciplinary reasons? _____

Details _____

SOCIAL

Does your child make friends easily? _____

Has your child ever received help for any social, emotional or behavioural issues? _____

Details _____

ACTIVITIES AND INTERESTS

Please list the main activities and interests your child enjoys and the approximate amount of time spent on them each week. _____

Is there any other information that you want to provide that will help those teaching your child at iCAN?

MEDICAL DETAILS

Does your child suffer from any of the following?

ADD/ADHD

Migraine Headaches

Asthma

Heart Problems

Convulsions/Epilepsy

Dizzy spells or fainting

Diabetes

Other _____

Major illnesses or impairments _____

Allergies _____

Medications _____

impaired hearing

impaired speech

impaired vision

mobility impaired

Is your child able to fully participate in P.E./sports? Yes No _____

Name of child's doctor _____

Clinic address _____

Telephone number _____

Medical insurance _____