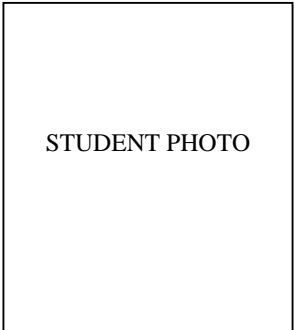


Family Reference No. _____ Student ID No. _____



NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA

P.O. Box 2042, Phnom Penh 3, Cambodia
Tel: (855) 23 886-000 / -006 Fax: (855) 23 886-009
E-mail: Info@niscambodia.com
Website: www.niscambodia.com



APPLICATION FOR ADMISSION

PLEASE PRINT LEGIBLY IN BLOCK LETTERS

Copies of student's passport and non-immigrant visa (for non-Cambodian applicants) and three 2" x 2" student photos must accompany this application form.

APPLICATION FOR THE ADMISSION OF:

Student's Family Name _____	First Name _____	Middle Name _____	(Preferred Name or Nickname) _____
Nationality _____	Birthdate ____/____/____ day/ month/ year	Circle: MALE FEMALE	
Passport No. _____	Place of Issue _____	Issued: ____/____/____	Expires: ____/____/____
Type of Visa _____	Place of Issue _____	Issued: ____/____/____	Expires: ____/____/____
Native Language _____	Language Spoken at Home _____	Present Grade _____	
Level of English Proficiency (Circle one):	Excellent	Good	Fair None
Applying for Admission to Grade Level _____	Anticipated Starting Date at NISC	____/____/____	day / month / year

Student lives with (Check any that apply):

Father Stepfather
 Mother Stepmother
 Guardian (Specify relationship)

(Check any that apply):

Father deceased Parents divorced
 Mother deceased Parents separated

Other _____

Who has Legal Custody of this child? _____

Who will assume Financial Responsibility for this student? _____

If Joint Payment, indicate percentage: Family ____% Employer ____% Other ____% TOTAL 100%

BILLING ADDRESS IN CAMBODIA--NISC Invoice should be addressed and sent to:

Name of Person Responsible for Payment Organization / Company

Address in Cambodia

Telephone: Fax: E-Mail:

EMERGENCY CONTACT IN CAMBODIA--Other than Parent / Guardian:

Last Name	First Name	Relationship to Student
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Employer in Cambodia	Contact Telephone
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MAIL TO--CHECK ONE: **Home Address (Father / Mother / Guardian)** **Employer's Address**
STUDENT'S HOME / MAILING ADDRESS IN CAMBODIA:
 Permission to publish in the NISC Telephone Directory? Check one: Yes No

Student's Family Name	First Name	Middle Name
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 Address in Cambodia

Home Telephone	Fax	E-mail
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Full Name of Parent or Guardian with whom student resides	Work Telephone/Fax	E-mail
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 Relationship to Student

PARENT / GUARDIAN INFORMATION
Check One: **PARENT** **GUARDIAN**

Father's Full Name Nationality <hr style="border: 0; border-top: 1px solid black;"/>	Mother's Full Name (Circle Maiden Name) Nationality <hr style="border: 0; border-top: 1px solid black;"/>
Please Circle: Highest Education Level Attained: H.S. Diploma Bachelor's Master's Doctorate	Please Circle: Highest Education Level Attained: H.S. Diploma Bachelor's Master's Doctorate
Circle One: Self-Employed Embassy/Government Insurance Manufacturing Shipping/Airlines Trading Banking /Finance	Circle One: Self-Employed Embassy/Government Insurance Manufacturing Shipping/Airlines Trading Banking/Finance
Other (Specify) _____	Other (Specify) _____
Position	Position
Employer	Employer
Work Address	Work Address
Tel/Fax E-Mail	Tel/Fax E-Mail
In which country is your home office located?	In which country is your home office located?
Please name the local Cambodian joint-venture affiliation.	Please name the local Cambodian joint-venture affiliation.

SIBLING INFORMATION: PLEASE LIST ALL SIBLINGS.

First Name	(Last, if different)	Birthdate	Relationship	Grade	School

Name of school (Most recent first)	Location	Language of Instruction	From Mo/Yr to Mo/Yr.	Grade

Has student ever been placed in English as a Second Language (ESL) classes? YES ____ NO ____

Has student ever received remedial instruction, or been placed in a special education class? YES ____ NO ____

Has student ever been evaluated by an educational psychologist or specialist? YES ____ NO ____

Has student ever been suspended or expelled from any school for any reason?
(If yes, please attach full details on separate sheet, including name of school and year.) YES ____ NO ____

Is student taking any medication on a regular basis?
(If yes, please explain on separate sheet. Note required Health Record Form.) YES ____ NO ____

Does student have any physical/health limitations or special diet requirements?
(If yes, please explain on separate sheet.) YES ____ NO ____

If the answer to any of the above questions is YES, please discuss the details with a NISC Administrator during the admission interview. Make arrangement to have all reports forwarded to the office of the School Head.

TRANSPORTATION FEES: NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA contracts with a local company to provide (for a fee) school bus transportation for any student attending the school. Bus service will generally be offered on a round-trip basis only. All buses are equipped with seat belts and air-conditioning.

Do you desire school bus transportation for your child? Please Check: Yes No

STUDENT/ALUMNI PERMANENT MAILING ADDRESS: (Home country to which student will eventually return.)		
Name/In Care of: _____		
Address _____		

Home State, Province, Country	Postal Code	Telephone/Fax

