

Family Reference No. \_\_\_\_\_

Student ID No. \_\_\_\_\_



# NORTHBRIDGE INTERNATIONAL SCHOOL CAMBODIA

P.O. Box 2042, Phnom Penh 3, Cambodia  
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STUDENT'S  
PHOTO

## 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 _____	Birth Date ____/____/____ day/ month/ year	Circle: _____	MALE FEMALE
Passport No. _____	Place of Issue _____	Issued: ____/____/____ day / month / year	Expires: ____/____/____ day / month / year
Type of Visa _____	Place of Issue _____	Issued: ____/____/____ day / month / year	Expires: ____/____/____ day / month / year
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:



**SIBLING INFORMATION: PLEASE LIST ALL SIBLINGS.**

First Name (Last, if different)	Birthdate (dd/mm/yy)	Relationship	Grade	School

**EDUCATIONAL HISTORY:** List all previous schools beginning with the **MOST RECENT** school attended.  
Please use additional paper if necessary. Also, please circle any grades that were repeated.

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

**CERTIFICATION**

We certify that the above information is complete, true and accurate to the best of our knowledge. We authorize the school to request transcripts and to verify the facts. We realize that our failure to provide accurate information could jeopardize our child's enrollment at NISC. We also understand that when a student enrolls in the school, he/she and his/her parent(s) or guardian(s) agree to conform to its procedures and comply with its rules and regulations as outlined in the Parent-Student Handbook. Signature of at least one parent or guardian is required. Please sign below:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
day / month / year

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
day / month / year

Signed \_\_\_\_\_  
Parent or Guardian

**The formal application for admission to NISC will not be considered complete until:** (please check (✓) below)

- \_\_\_\_ (1) The above form has been fully completed to the best of the student's and his/her family's ability.
- \_\_\_\_ (2) The school has received previous (at least two most recent years) school records.
- \_\_\_\_ (3) The student Health Form has been fully completed, including immunization information.
- \_\_\_\_ (4) Copies of parent and child(ren)'s passports have been given.
- \_\_\_\_ (5) All fees have been paid in full for the current semester of the school year.
- \_\_\_\_ (6) The parents have been provided with pertinent NISC documents and information.

<b><u>FOR OFFICE USE ONLY</u></b>		
First Day of Classes at NISC: _____	Fees Paid: Date ____/____/____	Receipt No. _____
Business Office Confirmation (authorized signature) _____		Date ____/____/____ day /month/ year
Counselor's Approval (authorized signature) _____		Date ____/____/____ day /month/ year
Grade Placement _____	ESL Billing Level _____	Date ____/____/____ day /month/ year
Administration Approval (authorized signature) _____		Date ____/____/____ day /month/ year
Faculty Scholarship Information (Percentage): _____		
Family Reference No: _____		Student ID No: _____
Other Relevant Information: _____		
_____		