



No. 23, 48<sup>th</sup> Street, Between Manawhari and Aung Yadanar Roads, Chan Mya Thar Si Township, Mandalay.

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## Student Enrolment Form (Academic Year: 2021 – 2022)

Starting Date: \_\_\_\_\_

Leaving Date: \_\_\_\_\_

### Section 1: Student's Details

|                               |                   |  |
|-------------------------------|-------------------|--|
| First Name:                   | Date of Birth:    | Passport style photo<br>(taken within the last 6 months) |
| Middle Name:                  | Nationality:      |  |
| Last Name:                    | Religion:         |  |
| Nickname:                     | Place of Birth:   |  |
| Passport Number / NRC Number: |                   |  |
| Date of Issue:                | Expiry Date:      |  |
| Type of Visa:                 | Visa Expiry Date: |  |

**Intended** Date of Entry / Year Group: \_\_\_\_\_

**Siblings at MISY (Name, Age, Gender and Year Group):**

1. \_\_\_\_\_
2. \_\_\_\_\_

### Section 2: Student's Previous School (s) Please use reverse chronological order (i.e. start with the student's last school)

|    | School | From | To | Year / Grade Level Completed |
|----|--------|------|----|------------------------------|
| 1. |        |      |    |                              |
| 2. |        |      |    |                              |
| 3. |        |      |    |                              |
| 4. |        |      |    |                              |

### Section 3: Student's Language Ability

|  |           |                              |      |   |  |
|--|-----------|------------------------------|------|---|--|
| Is English the child's 1 <sup>st</sup> Language? |           | <input type="checkbox"/> Yes |      | If the answer is no please complete the table below |  |
|  |           | <input type="checkbox"/> No  |      |   |  |
| English  | Very Good | Good                         | Fair | A Little  |  |
| Listening  |           |                              |      |   |  |
| Speaking   |           |                              |      |   |  |
| Reading  |           |                              |      |   |  |
| Writing  |           |                              |      |   |  |
| Which language is spoken within the family?      |           |                              |      | Does the child understand any other language(s)?    |  |

**Section 4: Student's Medical and Emergency Information**

A. Does your child have any **medical condition(s)** that might affect their life at school?  
Yes / No. If yes, please give details.

B. Does your child have any **allergies**?  
Yes / No. If yes, please give details.

C. Is your child on **prescription drugs**?  
Yes / No. If yes, please give details.

D. Does the student have any special **dietary requirements**?  
Yes / No. If yes, please give details.

Family Doctor's name:

Contact Number:

Address:

Does the student have health insurance?

Yes / No. If yes, please give details.

Company and Policy Number:

**IN CASE OF EMERGENCY**

Who should we contact in case of an emergency if we cannot get hold of either parent?

Name \_\_\_\_\_

Relation to child / family \_\_\_\_\_

Contact telephone numbers \_\_\_\_\_

In case of an emergency the school will take the child to a suitable medical facility in Mandalay for treatment. Parents will be responsible for the cost of the treatment.

## Section 5: Student's Medical Background

**Please indicate which, if any, of the following conditions your child had previously or is currently receiving help / treatment for.**

|                        |  |                  |
|------------------------|--|------------------|
| ADD / ADHD             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Allergies              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Asthma                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Autism                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Convulsions / Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Diabetes               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Dyslexia               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Frequent / Migraine    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Frequent nosebleeds    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Frequent stomach aches | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Hearing difficulties   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Heart condition        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Rashes / skin problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Sight difficulties     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Speech difficulties    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Other                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |

**Please indicate which, if any, of the following illnesses your child has had.**

|                          |  |                  |
|--------------------------|--|------------------|
| Chicken Pox              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| German Measles (Rubella) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Hepatitis                | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Measles                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Mumps                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Polio                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Tuberculosis             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Whooping Cough           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Other                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |

**Please indicate which, if any, of the following vaccinations your child has had.**

|                         |  |                  |
|-------------------------|--|------------------|
| BCG - Tuberculosis      | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Chicken Pox             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| DTP - Whooping Cough    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Hepatitis A             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Hepatitis B             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| HIB                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Japanese B encephalitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Measles                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Mumps                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| OPV - Polio             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Rubella                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Typhoid                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |
| Other                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, details: |

## Section 6: Student's Academic and Learning Needs Background

|   |  |
|---|--|
| <p>1. Has your child ever been placed in a class above or below their chronological age?<br/>Yes / No. If yes, please give details.</p>   | <p>2. Has your child ever attended special classes because of an exceptional talent?<br/>Yes / No. If yes, please give details.</p>  |
| <p>3. Has your child ever been seen by an<br/>Educational Psychologist      <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Occupational Therapist        <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Counsellor                         <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Speech Therapist / other specialists?<br/>   <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Psychiatrist                         <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details.</p> | <p>4. Has your child ever received any special help or ever attended special classes for any learning, social, behavioural or emotional difficulties?<br/><br/>Yes / No.</p> <p>If yes, please give details.</p> |

## Parent's / Guardian's Details

|   |  |             |                  |              |  |
|---|--|-------------|------------------|--------------|--|
| <b>Father</b>   |  |             |                  |              |  |
| First Name  |  | Middle Name |                  | Last Name    |  |
| Nationality   |  | Passport No |                  | Type of Visa |  |
| Company   |  |             | Position/Title   |              |  |
| Home Address  |  |             | Office Telephone |              |  |
|   |  |             | Home Telephone   |              |  |
|   |  |             | Mobile           |              |  |
|   |  |             | E-mail address   |              |  |
| <b>Mother</b>   |  |             |                  |              |  |
| First Name  |  | Middle Name |                  | Last Name    |  |
| Nationality   |  | Passport No |                  | Type of Visa |  |
| Company   |  |             | Position/Title   |              |  |
| Home Address  |  |             | Office Telephone |              |  |
|   |  |             | Home Telephone   |              |  |
|   |  |             | Mobile           |              |  |
|   |  |             | E-mail address   |              |  |
| <b>Maid</b>   |  |             |                  |              |  |
| Maid's name   |  |             | Maid's number    |              |  |
| <b>Driver</b>   |  |             |                  |              |  |
| Driver's name   |  |             | Driver's number  |              |  |
| <b>Guardian (must be completed if child is not living with parents)</b> |  |             |                  |              |  |
| First Name  |  | Middle Name |                  | Last Name    |  |
| Nationality   |  | Passport No |                  | Type of Visa |  |

|                          |  |                  |  |
|--------------------------|--|------------------|--|
| Company                  |  | Position / Title |  |
| Home Address of Guardian |  | Home Telephone   |  |
|                          |  | Mobile           |  |
|                          |  | E-Mail address   |  |

| MAILING ADDRESS (S)                    |  |
|--|--|
| Address for sending invoice (s)        |  |
| Address for sending correspondence (s) |  |
| School fees paid by:                   | Employer .....%<br>Parents .....%<br>Guardian .....% |

**How did you hear about MISY Mandalay? (Please tick ✓ as many as applicable.)**

- Family
- Friends
- Work
- Web site
- Open Day
- Advertisement
- Social Media
- Billboard
- Leaflet
- Other (please give details) \_\_\_\_\_

## Parent Declaration

In making this application, we the undersigned understand and agree that:

1. Completion of the form **does not** guarantee an offer of a place at MISY.
2. All the information in this form is up-to-date, including our child's most recent school report.
3. I shall have my child assessed by an Educational Psychologist or other specialist if recommended by MISY at own cost.
4. Upon acceptance, I shall pay the registration fee of 1,000,000 (10 lakhs) Kyats. Term 1 school fees are due by August 2021. Term 2 and 3 school fees are due by January 2022.
5. Should our child be offered a place at MISY, he/she will fully participate in all educational activities including physical education and sports activities, scientific work, swimming lessons, educational visits, and school day trips.
6. Indemnity: I/We the undersigned agree to not hold MISY or its staff liable in the case of an unforeseen accident while participating in any school related activity on or off campus.

I/We understand and agree that in the event of an emergency, MISY Mandalay Campus will make every effort to contact the parents or guardian. However, if this is not possible, the student will be taken to a suitable medical facility for treatment.

Agreement of Parent or Guardian

|           |                     |       |
|-----------|---------------------|-------|
| _____     | _____               | _____ |
| Signature | Name (Please print) | Date  |

## Photograph Use Policy

I/We the undersigned hereby       **agree**       **disagree**      to let photos of our child appear on publicity used by the school, either on the school website, Facebook page or in newspaper/magazine articles.

|           |                     |       |
|-----------|---------------------|-------|
| _____     | _____               | _____ |
| Signature | Name (Please print) | Date  |