MISY | Mandalay

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

Tel: +959 4444 50712, 4444 50713, 4444 50814, +952 80926, 80297, 80937

E-mail: misy.mdy@misy.edu.mm

Student Enrolment Form (Academic Year: 2025 – 2026)

Starting Date: _____

Leaving Date: _____

Section 1: Student's Details		
First Name:	Date of Birth:	Passport style photo (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 1st Language?	☐ Yes No	If the answer is no please complete the table below

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. C. Does your child have any **allergies**? Yes / No. If yes, please give details.	B. 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: Address:	Contact Number:
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	☐Yes ☐No	If yes, details:
Allergies	☐Yes ☐No	If yes, details:
Asthma	☐Yes ☐No	If yes, details:
Autism	☐Yes ☐No	If yes, details:
Bronchitis	☐Yes ☐No	If yes, details:
Convulsions / Epilepsy	☐Yes ☐No	If yes, details:
Congenital Heart Diseases	☐Yes ☐No	If yes, details:
Chronic Kidney Disease	☐Yes ☐No	If yes, details:
Chronic Liver Disease	☐Yes ☐No	If yes, details:
Diabetes	☐Yes ☐No	If yes, details:
Dyslexia	☐Yes ☐No	If yes, details:
Dietary Restriction	☐Yes ☐No	If yes, details:
Frequent / Migraine	☐Yes ☐No	If yes, details:
Frequent nosebleeds	☐Yes ☐No	If yes, details:
Frequent stomach aches	☐Yes ☐No	If yes, details:
Haemophilia	☐Yes ☐No	If yes, details:
Hearing difficulties	☐Yes ☐No	If yes, details:
Hepatitis A, B or C	☐Yes ☐No	If yes, details:
Hyperthyroidism	☐Yes ☐No	If yes, details:
Hypothyroidism	☐Yes ☐No	If yes, details:
Insect Sting Allergies	☐Yes ☐No	If yes, details:
Leukaemia	☐Yes ☐No	If yes, details:
Rashes / skin problems	☐Yes ☐No	If yes, details:
Sight difficulties	☐Yes ☐No	If yes, details:
Speech difficulties	☐Yes ☐No	If yes, details:
Sleep Disorders (Insomnia)	☐Yes ☐No	If yes, details:
Other	☐Yes ☐No	If yes, details:
Please indicate which, if any, of the following illnesses your child has had.		
Chicken Pox	☐Yes ☐No	If yes, details:
German Measles (Rubella)	☐Yes ☐No	If yes, details:
Hepatitis	☐Yes ☐No	If yes, details:
Measles	☐Yes ☐No	If yes, details:
Mumps	☐Yes ☐No	If yes, details:
Polio	☐Yes ☐No	If yes, details:
Tuberculosis	☐Yes ☐No	If yes, details:

Whooping Cough	☐Yes ☐No	If yes, details:
Influenza (flu)	☐Yes ☐No	If yes, details:
Other	☐Yes ☐No	If yes, details:
Please indicate which, if any, of the following mental health disorders your child has had.		
Anxiety Disorders	☐Yes ☐No	If yes, details:
Depression	☐Yes ☐No	If yes, details:
Bipolar Disorders	☐Yes ☐No	If yes, details:
Post traumatic stress disorder (PTSD)	☐Yes ☐No	If yes, details:
Obsessive-Compulsive Disorder (OCD)	☐Yes ☐No	If yes, details:
Please indicate which, if any, of the following Genetic and Autoimmune disorders your child has had.		
Down Syndrome	☐Yes ☐No	If yes, details:
Orthopaedic conditions (Scoliosis)	☐Yes ☐No	If yes, details:
Obesity	☐Yes ☐No	If yes, details:
Systemic Lupus Erythematosus	☐Yes ☐No	If yes, details:
Please indicate which, if any, of the following vaccinations your child has had.		
BCG - Tuberculosis	☐Yes ☐No	If yes, details:
Chicken Pox	☐Yes ☐No	If yes, details:
Covid Vaccine	☐Yes ☐No	If yes, details:
DTP - Whooping Cough	☐Yes ☐No	If yes, details:
Hepatitis A	☐Yes ☐No	If yes, details:
Hepatitis B	☐Yes ☐No	If yes, details:
HIB	☐Yes ☐No	If yes, details:
Japanese B encephalitis	☐Yes ☐No	If yes, details:
Measles	☐Yes ☐No	If yes, details:
Mumps	☐Yes ☐No	If yes, details:
OPV - Polio	☐Yes ☐No	If yes, details:
Rubella	☐Yes ☐No	If yes, details:
Typhoid	☐Yes ☐No	If yes, details:
Influenza Vaccine	☐Yes ☐No	If yes, details:
Other	☐Yes ☐No	If yes, details:

Section 6: Student's Academic and Learning Needs Background	
1. Has your child ever been placed in a class above or below their chronological age? Yes / No. If yes, please give details.	2. Has your child ever attended special classes because of an exceptional talent? Yes / No. If yes, please give details.
2. Has your child ever been seen by an Educational Psychologist ☐Yes ☐No Occupational Therapist ☐Yes ☐No Counsellor ☐Yes ☐No Speech Therapist / other specialists? ☐Yes ☐No Psychiatrist ☐Yes ☐No If yes, please give details.	4. Has your child ever received any special help or ever attended special classes for any learning, social, behavioural or emotional difficulties? Yes / No. If yes, please give details.

Parent's / Guardian's Details					
Father					
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		
Mother					
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		
Maid					
Maid's name			Maid's number		
Driver					
Driver's name			Driver's number		
Guardian (must be completed if child is not living with parents)					
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 % Parents % 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 1,500,000 (15 lakhs) Kyats. Term 1 school fees are due by August 2025. Term 2 and 3 school fees are due by January 2026.
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