

ENROLLMENT APPLICATION FORM

(Please PRINT all information clearly in CAPITAL LETTERS.)

Please attach
recent photo
here

STUDENT INFORMATION

Student's Legal Name: _____ English Name: _____
(Family Name) (Given Name)

Date of Birth (DD/MM/YY): _____ Age: _____ Gender: Male Female

Passport No.: _____ Nationality: _____ Completed Grade: _____ Grade upon application: _____

Home Address: _____

Name of school last attended: _____

Contact number(Previous school): _____

List all past school experiences in the chart below in chronological order.

Name of School	School type (Home, private, public, bi-lingual)	Country	Grades Attended

Date to begin school at SIA:(DD/MM/YY) _____

Person to contact in case of emergency aside from parent: _____

Relation to student: _____ Phone Number: _____

Address: _____

How did you hear about SIA? _____

Reasons for choosing SIA: _____

DECLARATIONS:

I/We, hereby agree with the following:

1. Use my child's photo for SIA publicity purposes.
2. Include my/our phone number(s) in the SIA parent directory.

Stepping Stone International Academy

Home Page: www.siacambodia.com, Email: siacambodia2011@gmail.com, 93794962
#198 AB 42P Street, Sangkat Kork Kleang, Khan Sen Sok, Phnom Penh City, Cambodia

FAMILY INFORMATION

Father's Legal Name: _____ Nationality: _____ Passport#: _____
Family Name Given Name

Mailing Address: _____

Email Address: _____ Mobile Phone: _____

Mother's Legal Name: _____ Nationality: _____ Passport#: _____
Family Name Given Name

Mailing Address: _____

Email Address: _____ Mobile phone: _____

Company Organization or Work/Study Unit in Cambodia: _____

Regional Representative or Supervisor's Name: _____ Location: _____

List other school age children and school of attendance: _____

List non school age children: _____

Have any of your children attended SIA before? If so, please list the names and the last year of schooling at SIA?

HOME LANGUAGE SURVEY

Which languages did your son or daughter learn when he or she first began to talk? _____

What language does your son or daughter most frequently use at home? _____

What languages do you use most frequently when speaking to your son or daughter? _____

Name the language most often spoken by adults at home. _____

AGREEMENT & UNDERSTANDING

I/WE, the undersigned parents/guardians of _____ do hereby request enrollment at **STEPPING STONE INTERNATIONAL ACADEMY (SIA)**. We acknowledge that the Bible places the primary responsibility on the home for education, especially on fathers, and knowing this to be our right, we request this School to assist us in meeting this responsibility. It is our conviction that our children must have an academic education, which is based on the Word of God and its teachings. We hereby certify that we request the school to operate on our behalf "en loco parentis" with the following understanding:

1. I/We understand that we expect the school to exercise consistent Biblical discipline. This includes issuing of demerits, detentions, suspension and expelling from the School Program. We further acknowledge that the teachers and administrators have our confidence and that we will honor their judgment about the necessity of such discipline should it be recommended or administered as outlined in the **Parent-Student Handbook**. The school reserves the right to dismiss any student who does not cooperate with the educational process. As an alternative, we may be asked to withdraw our child. This applies to blatant offenses of rules and continuous detention of the same offense.

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2. I/We further covenant that the Administrator and Principal of **SIA** and its Staff are our spiritual counselors, and we will be consulted on matters affecting the spiritual life of our children so that we may build their lives in obedience to the Word of God. Should any misunderstand or dissatisfaction arise regarding any of the teachings, philosophy, or policies of the school, we will consult the proper authorities, namely: the principal to resolve them as quickly as possible and that if irreconcilable differences continue, we will withdraw quietly from the school.
3. I/We hereby pledge to support the School Program by faithfully attending all **Parent-Teachers Conferences, Meetings and Parent Orientation**. We understand that such attendance on our part is a condition for our children being allowed to continue to attend **SIA**.
4. I/We further covenant that we will regularly pray for **ALL THE STAFF & FACULTY** of **Stepping Stone International Academy**. We will speak favorably of it or not at all. We will volunteer our physical and financial services to sustain its operation wherever possible.
5. I/We will also promise to pay our financial obligations to the school before the 10th of every month and understand that a 3% surcharge will be imposed on our account and/or our child/ren may not be admitted to class unless payment is made. I/we further agree to the above annual school fees and to make payments by one week BEFORE each term and that absences will not be subject to a tuition discount. **I/We agree to pay the full annual school fees regardless of early leave or any other reason for early termination of the school year.**
6. I/We further understand that this school shall not release any records of our child if accounts are not settled or all the requirements for graduation have been fulfilled. Transfer students from conventional schools are given Diagnostic Tests and the results of these tests determine their performance levels, which would mean that a student may not graduate on the expected date according to their chronological age unless they meet all the SOT and SIA requirements for completion.
7. I/we will not hold SIA or any of its staff, either individually or corporately, liable for any injury to or illness of any of our enrolled children, either on or off campus.
8. I/We understand that if by any reason the administration of the school determines that we are not in compliance with the letter of this agreement, we may be asked to withdraw from participation in **SIA** and will therefore comply without recourse.

In making this application for our child, it is our desire to have him/her attend for the School Year _____ to _____ accepting that this **AGREEMENT AND UNDERSTANDING** will be binding throughout the succeeding years that my child attends this School.

I/We enter into this agreement voluntarily and enthusiastically this _____ day of _____, 20____ and request that we be made a part of the family of families which constitute the activities of the **STEPPING STONE INTERNATIONAL ACADEMY**.

Father/Guardian (Male)
(Signature over printed name)

Mother/Guardian (Female)
(Signature over printed name)

STUDENT HEALTH FORM

STUDENT INFORMATION

Student's Legal Name: _____ Grade: _____ Age: _____
(Family Name) (Given Name)

Date of Birth (DD/MM/YY): _____ Nationality: _____ Gender: Male Female

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Mother's Name: _____

Phone Number: _____ Phone Number: _____

EMERGENCY CONTACT IN CAMBODIA

Other than parents or guardian

Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Name of clinic/hospital you would prefer your child be taken to in case of emergency:

(Name of physician)

(Name of clinic/hospital)

(Phone Number)

HEALTH QUESTIONNAIRE

Does your child have any immediate health concerns or problems? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, please explain: _____

Medical Conditions:

Yes	No		Yes	No		Yes	No		Yes	No	
		Asthma			Ear Infection			Orthopedic Problems			Tuberculosis
		Behavior Problem			Frequent Headaches			Seizures/ Epilepsy			Urinary Infections
		Congenital Anomalies			Hearing Difficulties			Skin Conditions			Vision problems
		Diabetes			Heart Conditions			Speech Problems			Others

Please provide any necessary health records, including a record of immunizations.

I give my permission for emergency measures to be initiated in case of accident or sudden illness of my child, with the understanding that I will be notified as soon as possible. I certify that all the information given on this record is complete and correct, to the best of my knowledge. I agree to notify the school of any changes to the health information provided on this form.

Name

Relationship to child

Signature

Date

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