

THE ELA MURRAY INTERNATIONAL SCHOOL



Cnr. Gabaka St & Boroko Drive

325 2833

PO Box 1137,

BOROKO

Facsimile:

325 7925

Email: admin@temis.iea.ac.pg

PRESCHOOL, TODDLERS

Ela Beach Road, Town

PO Box 1137

Boroko

321 4304 / 685 2346

Email: khoney@temis.iea.ac.pg

ELA BEACH SITE APPLICATION FOR ENROLMENT 2010 Toddlers, Pre-School Reception & Pre-School Transition

Family Name		First Name		Gender	M / F
Date of Birth		Nationality		Religion	
Name & Ages of other children in the family				D.O.B	
				D.O.B	
Place of this child in the family		Last Childcare Attended			

Placement

		Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Toddlers	8:00am – 2:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pre-School (Reception)	8:00am – 2:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pre-School (Transition)	8:00am – 2:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Postal Address:			
Residential Address:			
Home Telephone Number:		Emergency Contact Name & Phone Number	
Father's/Guardian Name:		Nationality:	
Occupation:		Employer:	
Business Phone:		Address:	
Business Fax:		Email:	
Mobile:			
Mother's/Guardian Name:		Nationality:	
Occupation:		Employer:	
Business Phone:		Address:	
Business Fax:		Email:	
Mobile:			

Fees to be paid by Parents / Employer	
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Family Situation: Student lives with (Please tick✓)

Father **Mother** **Stepmother** **Stepfather**

Other (Specify relation to child:

Language spoken at home: _____ Other Languages spoken _____

Special needs / medical conditions that the school needs to be aware of:

Name of Student's Doctor: _____ Phone: _____

- ❖ In the event of the school being unable to contact parents/guardians in an emergency, I give permission to arrange medical and/or dental as required.
- ❖ I give permission for my child to attend school excursions. The school will notify parents prior to the excursions regarding specific details.
- ❖ I understand that photos and videos of my child may be used for publication and display in the classroom, internet, magazines, newspapers and school publications.
- ❖ I have read the school prospectus / parent handbook and agree to abide by school policies.
- ❖ I have read the school discipline code and am aware of the established policies.
- ❖ I understand the importance of punctuality and agree to make suitable arrangements to deliver my child prior to the commencement of lessons. I will ensure that my child is picked up promptly (within half an hour) at the end of the school day.
- ❖ I undertake to pay fees in accordance with the School Policy.
- ❖ I will notify the school if there are any changes to the information on this form, in particular contact information and living arrangements.

Signature of Parent / Guardian: _____ Date: _____

OFFICE USE ONLY

Admitted to Grade: _____ School: _____ House: _____

Student Key: _____ Family Acct: _____ Admission Number: _____

Tuition Fee: _____ Discount: _____ Tag: _____ Admission Date: _____

Birth Certificate/Passport Sighted: _____

Transfer Certificate Provided: _____

Deposit Paid: _____ Receipt No.: _____ Date: _____

Date Lodged: _____

