



**SOUTHBRIDGE**  
INTERNATIONAL SCHOOL CAMBODIA

**SISC APPLICATION FORM**  
(ONLINE APPLICATION VERSION)

**All required fields must not be left blank and are clearly indicated in red.**

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**STUDENT INFORMATION**

Last Name:

Middle Name

First Name:

Preferred or Nick Name

Sex:  Male  Female

Date of Birth

Nationality:

Passport Number:

Expiry Date:

Present Grade Level

Present School Name:

Apply for Grade (English & Khmer):

Anticipated Start Date:

Intended Programmes - Please select all that apply:  English  
 Khmer (not for nursery level)  
 Chinese (not for nursery level)

## **PARENT / GUARDIAN INFORMATION**

### **Father**

Name:

Nationality:

Occupation:

Phone Number:

### **Mother**

Name:

Nationality:

Occupation:

Phone Number:

Who has legal custody of this child?  
Please select all that apply:

Father

Mother

Stepfather

Stepmother

Other

## **ADDRESS**

### **Address in Cambodia**

House & Street Number:

Commune/Sangkat:

District/Khan:

City/Province/State:

Country:

Postal Code:

Home Phone Number:

E-mail:

### **Permanent Address**

**Same as above**

House & Street Number:

Commune/Sangkat:

District/Khan:

City/Province/State:

Country:

Postal Code:

Home Phone Number:

E-mail:

### **EMERGENCY CONTACTS IN CAMBODIA (other than parent or guardian)**

Contact Name:

Relationship to Student:

House & Street Number

Commune/Sangkat:

District/Khan:

City/Province/State:

Country:

Postal Code:

Home Phone Number:

Mobile Phone Number:

### **EDUCATIONAL HISTORY**

**List your previous schools, beginning with the most recent.**

**No previous study history**

**School Name 1:**

Location:

Language of Instruction:

Year Attended:

Grade(s):

**School Name 2:**

Location:

Language of Instruction:

Year Attended:

Grade(s):

**School Name 3:**

Location:

Language of Instruction:

Year Attended:

Grade(s):

**School Name 4:**

Location:

Language of Instruction:

Year Attended:

Grade(s):

- |  |     |
|--|-----|
| 1. Has the student ever received remedial instruction or been enrolled in a special education programme? | Yes |
|  | No  |
| 2. Has the student ever been evaluated by an educational psychologist or specialist?                     | Yes |
|  | No  |
| 3. Has the student even been suspended or expelled from school for any reason?                           | Yes |
|  | No  |

If the answer to any of the questions above is "Yes", please provide relevant records/reports and the details on a separate sheet of paper and attach them with this application form.

**LANGUAGE INFORMATION**

1. What languages are spoken at home?
2. What is the first language the student learn to speak?
3. What language can the student read and write?
4. Has the student been placed in English as a Second Language (ESL) classes? 

|     |
|-----|
| Yes |
| No  |

## MEDICAL/HEALTH INFORMATION

1. As the child's parents/guardians, I give permission for a representative of the school to provide Paracetamol/Tylenol to my child as appropriate.

Yes  
No

2. Does your child have any immediate health concerns or problems?

Yes  
No

If Yes, please explain:

3. Does your child have any allergies to the following?

Medications

Yes  
No

Food

Yes  
No

Insects

Yes  
No

If Yes, please explain:

4. Does your child take any medications on a regular or daily basis?

Yes  
No

If Yes, please explain:

## HOW DID YOU LEARN ABOUT SISC?

Family  
Friend  
Employer  
Embassy  
SISC website  
TV  
News agents  
Social media  
Other

## EMERGENCY HOSPITAL CONTACTS

Preferred clinic/hospital:

Clinic/hospital location:

Authorization for Medical Services: In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the designated SISC staff member will consent to such services for your child by acting on your behalf on your written advance authorization.

I have read the above and hereby designate the SISC staff member or my designated emergency contact person to act on my behalf in the event of a medical emergency. He/She may authorize medical attention and the most appropriate medical facility as may be required in an emergency because of illness or injury sustained. I hereby assume all financial responsibilities for any medical attention or treatment that might be required and acknowledge that SISC shall not be liable for any injuries incurred. I certify that all information given on this record is complete and correct, to the best of my knowledge.

## BILLING INFORMATION

Payment plan:

Yearly  
Semester  
Quarter/Term

## SCHOOL BUS SERVICES

School bus services will be provided at additional charge, would you prefer the services:

Yes  
No

## USE OF PHOTO

From time to time, photographs are taken at school and during school events featuring SISC students engaged in various school activities. These photographs are also considered for inclusion in various school publications as well as social media platforms.

If, for any reason, you prefer that any photograph of your child **not be used** in any of the school's publications, please send a written note informing the school of your wishes.

If we do not receive a written request from you to exclude photographs of your child in other school publications, we will assume that you are agreeable to the use of such photographs which include your child.

## CERTIFICATION

We certify that the above information is complete, true and accurate to the best of our knowledge. We authorize Southbridge International School Cambodia (SISC) to request transcripts and appropriate school records necessary to verify the information provided. We realize that failure to provide accurate information could jeopardize our child's enrollment at SISC. We understand that when a student enrolls at SISC, he/she and his/her parents agree to comply with all rules, policies and procedures as outlined in the Student-Parent Handbook.

**Signed (Parent or Guardian):**

**Date:**

**Signed (Parent or Guardian):**

**Date:**

*At least one parent or guardian signature is required. In this form, your name legally represents your signature.*

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**FOR OFFICE USE ONLY**

Student's ID Number:

Family Reference Number:

Application Accepted On:

Application Accepted By:

First Day of Classes at SISC:

Grade Placement (English & Khmer):

Administration Approval:

Administration Approval On:

Additional Information:

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