



International School HO CHI MINH CITY

Address: 28 Vo Truong Toan St., An Phu, Dist. 2, HCMC • Phone: (84-8) 3898 9100 • Fax: (84-8) 3898 9382 • Email: admissions@ishcmc.edu.vn • Website: www.ishcmc.com

APPLICATION FORM FOR ADMISSION

PERSONAL INFORMATION: STUDENT

Family Name:

Given Name:

Middle Name:

Preferred Name:

Nationality:

Which country would you like to be affiliated with for School Cultural Events:

Date of Birth: / / (Day/Month/Year) Sex: ☐ Male ☐ Female First Language:

Student Email:

Names and Ages of any siblings currently attending ISHCMC:

Has the child applied for admissions to this school previously? ☐ Yes ☐ No

PERSONAL INFORMATION: FAMILY

Mother's Family Name:

First Name:

Nationality: First Language:

Father's Family Name:

First Name:

Nationality: First Language:

Home Address in HCMC:

(Please note that all correspondence will be sent to this address unless the school is notified otherwise)

Current Contact Details *(please complete all)*

Home Phone: Email:

Mother's Mobile: Father's Mobile:

SCHOOL HISTORY: STUDENT

At what age did the child start formal schooling?

Please list the last 2 schools attended, and attach copies of recent reports and transcripts. These documents need to have a Notary English translation. The admissions process cannot proceed without this.

1. School Name: Language of instruction:

Address:

Dates: From (Month/Year)/..... To (Month/Year)/..... Grade/Class:

What month did the academic year begin?

2. School Name: Language of instruction:

Address:

Dates: From (Month/Year)/..... To (Month/Year)/..... Grade/Class:

What month did the academic year begin?

Please indicate the last grade/class completed in full: Date of completion:/...../..... (Day/Month/Year)

Type of curriculum (e.g. IB, British, USA, National System):

Please list the child's particular interests/talents, or school activities in which they have been involved?

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Has the child ever been suspended or requested to withdraw from a school? ☐ Yes ☐ No

If yes, please explain.

If not a native English speaker, has the child had instruction or experience in English? ☐ Yes ☐ No

If yes, in what situation? For how long?

Please tick (✓) the child's level of proficiency in English: ☐ Beginner ☐ Intermediate ☐ Advanced

What language(s) do you speak at home?

What other languages does your child speak?

Has the child's educational programme ever been modified for any of the following reasons?

Behavioural: ☐ Yes ☐ No

Academic: ☐ Yes ☐ No

Gifted/Talented: ☐ Yes ☐ No

If yes, please explain

Does the child currently receive any special educational assistance? ☐ Yes ☐ No

If yes, please explain

Has the child ever been tested by a Learning Specialist or Psychologist? ☐ Yes ☐ No

If yes, please explain, and attach past and current records.

Does the child have any medical or physical disabilities? ☐ Yes ☐ No

If this information has not been provided above, please explain.

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PARENT EMPLOYMENT INFORMATION

Name of Company/Organisation:

Name of employee:

Position:

Company address:

Work phone: Work fax: Work email:

ADMISSIONS INFORMATION

Preference for Grade Placement:

Expected Date of Enrollment: / / (Day/Month/Year)

Expected length of stay: Possible date of withdrawal: / / (Day/Month/Year)

TUITION FEE INFORMATION

Fee Payment: by Parent ☐

by Company ☐

Both ☐ Parent % Company % (please indicate percentage of both)

Billing Name (if different from the Name of Company above):

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Billing Email Contact:

*Parents are ultimately responsible for the payment of school fees; regardless of any arrangement that parents have with their employers.
For further information or discussion, please contact our Client Relations Manager.*

REQUIRED DOCUMENTATION FOR ADMISSION

1. Application Form

2. Copy of child's passport or Birth Certificate

3. Submit recent Passport Photos: *Option 1:* 3 hard copy photos / *Option 2:* 1 Passport Photo scanned to the Admissions email.

4. 2 previous school records/transcripts/test reports/certified (where applicable). Notary English translation of documents is required.

5. Letter of Recommendation from current Teacher (including Teacher's name & email contact)

6. Completed ISHCMC Medical Report

7. A copy of the Vaccination Records /Booklet

8. Provide *one* of the following: *a.* Completed COE Application Form / *b.* Letter advising transfer of COE / *c.* Letter advising payment of ADF

IMPORTANT NOTES

1. Application Forms should be submitted as early as possible as spaces are limited in many grade levels.

2. The Application Form can not be processed until the School first receives the payment of a one time, non-refundable application fee.

3. Supporting documentation listed above (# 2-8) may be submitted separately at a later date.

4. Documentation can be couriered, faxed or scanned (PDF format only) and emailed to the Admissions Office.

AGREEMENT

BETWEEN THE SCHOOL & PARENTS/GUARDIANS

To the Headmaster

I/we desire to enroll
(Family name) (First/Given name) (Middle name)

as a student at the International School Ho Chi Minh City (ISHCMC). If this application is successful, I/we hereby agree to the following conditions of enrollment:

1. I/we agree to understand, accept and support the Philosophy and Mission of the School and be bound by the rules governing the School, the authority of the Headmaster and the Board of Management of the School.
2. I/we agree that the School reserves the right, following admission, to discontinue the enrolment of a student at any time if it becomes evident that the School was misinformed regarding any application documentation or it becomes evident that the School does not have the resources to address successfully the individual needs of that student.
3. I/we have read and fully understood the terms and conditions listed in the Fee Schedule for the current academic year. I/we agree that for the payments of fees, we are jointly (together) and severally (alone), liable, regardless of whether a letter from a company or organization is provided clearly accepting its full liability for fee payments.
4. I/we agree to pay all fees as detailed on fee invoices and I/we understand that the non payment on or before the requested date excludes the student from attending ISHCMC. It is our obligation to ensure the fees due are paid on time.
5. I/we agree to accept and be bound by the rules governing health and medical requirements for the safety of all students and faculty at the school. It is our obligation to ensure that evidence of required medical examinations, along with evidence of required immunisations are provided to the School within the stipulated period. I/we understand and accept that students may be required to undergo further medical emergency and/or safety precautionary measures during times of disease outbreak, or where medical investigative measures are deemed necessary by school policy or the Headmaster.
6. I/we agree that the School has a position in "loco parentis" and as such the teacher can exercise on behalf of parents, such discipline they regard as necessary or expedient for the student in accordance with the guidelines set down in the School's discipline policy.
7. I/we agree the School may at its discretion, suspend or terminate a student's enrollment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of the School's rules and regulations.
8. I/we agree that the School is not liable for any loss or damage to the student's personal belongings.
9. I/we agree to allow my/our children, to involve themselves in all of the School's activities, including excursions/field trips arranged by the School.
10. I/we agree that in the case of an emergency, the school is permitted to give appropriate medical attention and/or treatment.
11. I/we agree to have our contact details published in the school directory unless otherwise notified by us in writing to the School.
12. I/we agree that student photographs, images and recordings can be used for school marketing materials.
13. I/we do hereby undertake to indemnify and save harmless the School, management and staff in respect of any liability arising in consequence hereof and further undertake to obtain insurance cover for our said child and when necessary, and in particular in respect of travel and official school activities, against all risks.

.....
Signature of Father

.....
Signature of Mother

.....
Date

FOR FURTHER INFORMATION, PLEASE CONTACT OUR ADMISSIONS OFFICE

PHONE: (84-8) 3898 9100 EXT. 502/507

FAX: (84-8) 3898 9382

EMAIL: ADMISSIONS@ISHCMC.EDU.VN