



Enrolment Form

To enrol for Elite International School, please return the form to:

EIS @ FMI City – CA 306/A Cherry Avenue, 2nd Street – Hlaing Thayar – Yangon – Myanmar

If you choose to email the form, please send to contacteliteschool@gmail.com

Part 1 – Child's Information

Given Name _____

Family Name _____

Date of Birth _____

Country of Birth _____

Gender (*Please tick*) Male Female

Cultural Background _____

Language(s) spoken in the home _____

School Bus Service Needed Not needed

Part 2 – Parent Information

Parent 1

Given Name _____

Family Name _____

Home Address _____

Email Address _____

Phone Numbers Home _____

Work _____

Mobile _____

Date of Birth _____

Country of Birth _____

Ethnic Origin _____

Languages Spoken _____

Relationship to the Child _____

Parent 2

Given Name _____

Family Name _____

Home Address _____

Email Address _____

Phone Numbers Home _____

 Work _____

 Mobile _____

Date of Birth _____

Country of Birth _____

Ethnic Origin _____

Languages Spoken _____

Relationship to the Child _____

Part 3 – Emergency Contacts

Please provide contact details of two people other than the child’s parents.

Emergency Contact 1

Name _____

Home Address _____

Phone Numbers Home _____

 Work _____

 Mobile _____

Relationship to the Child _____

- | | | |
|---|-----|----|
| 1. This person has the authority to collect the child. <i>(Please circle)</i> | Yes | No |
| 2. This person can be notified of any accident, injury, trauma or illness involving the child. <i>(Please circle)</i> | Yes | No |
| 3. This person can authorise emergency medical or ambulance treatment for the child. <i>(Please circle)</i> | Yes | No |

Emergency Contact 2

Name _____

Home Address _____

Phone Numbers Home _____

Work _____

Mobile _____

Relationship to the Child _____

1. This person has the authority to collect the child. *(Please circle)* Yes No

2. This person can be notified of any accident, injury, trauma or illness involving the child. *(Please circle)* Yes No

3. This person can authorise emergency medical or ambulance treatment for the child. *(Please circle)* Yes No

Part 4 – Medical Information

Hospital Preference _____

HRN _____

Preferred Doctor _____

Doctor's Contact Details _____

Has the child been immunised? *(Please circle)* Yes No

Please provide a copy of your child's immunization card.

The following immunizations are required to join school:

Diphtheria, Tetanus, Whooping Cough (Pertussis), Polio & Hib Yes No

Rotavirus Yes No

TB (Tuberculosis) Yes No

Hepatitis B Yes No

Medical Information (Allergies, Dietary Restrictions, Special Health Conditions, ...)

Does your child have any additional needs? **If yes**, please give details to assist us to meet their needs.

In case of an emergency I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and hospital procedures as may be performed or prescribed by the attending physician for my child and give my consent for treatment.

Parent's Signature and Date _____

I give permission for my child to go on trips and school outings. In case of an accident during the activity I authorise the school to take action and contact the ambulance, as long as normal safety procedures have been taken.

Parent's Signature and Date _____

Part 5 – Acknowledgement

Together with the Enrolment Form, parents will have to submit the following:

- ✓ A photo of my child
- ✓ A copy of my child's immunization card
- ✓ A copy of my child's ID-Card, NRC, Passport or Birth Certificate
- ✓ Copies of my child's most recent school reports
- ✓ Photo Permission Slip

I certify that all the above information about my child is true and correct to the best of my knowledge.
I agree to abide all school policies and rules.

Parent's Name _____

Parent's Signature _____

Date _____