



Office use only:

Class:

EC	F	PP	1	2	3	4
5	6	7	8	9	10	11

Term/Session:

Birth Certificate/Passport Copy Submitted: Y / N
 Immunization Certificate Copy Submitted: Y / N
 Additional Medical Certificate Submitted: Y / N

CHILDS INFORMATION:

Family Name: _____

Given Names: _____

Religion: _____

Nationality: _____

Address: _____

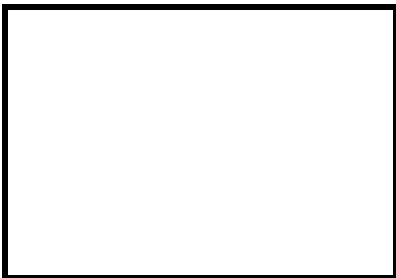
GENDER: **M / F**

DATE OF BIRTH:

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PASSPORT NUMBER: _____

EC, F, PP must turn 3, 4, 5 respectively by Sept 15. Y1,Y2, Y3, must turn 6, 7, 8 respectively by Dec 31.



Attach 1 recent passport size photo

BROTHER'S OR SISTER'S AT THE SCHOOL + YEAR LEVEL

NAME: _____ YEAR : _____

NAME: _____ YEAR : _____

PARENT INFORMATION:

FATHERS NAME: _____ **WORK PHONE NO:** _____

NATIONALITY: _____ **HOME PHONE:** _____

OCCUPATION: _____ **MOBILE:** _____

MOTHERS NAME: _____ **WORK PHONE NO:** _____

NATIONALITY: _____ **HOME PHONE:** _____

OCCUPATION: _____ **MOBILE:** _____

CURRENT E.MAIL : _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

NAME OF PREVIOUS SCHOOL(S): _____

ATTENDANCE DATE(S) _____

ANY OTHER INFORMATION / CUSTODY etc: _____

EMERGENCY AUTHORITY:

In the case of an emergency, or if the listed contacts are not available, the AusIS School Authority or Designee should take my child to _____ (Apollo, United, Etc.) Hospital directly.

SIGNED: _____

DATE: _____



AUSTRALIAN INTERNATIONAL SCHOOL

House # SEA/5, Road # 135, Gulshan-1
Dhaka 1212, Bangladesh

Student's Full Name: _____

Student's Date of Birth: _____

Please indicate if your child has had any of the following with Yes or No.

	Yes	No	Date
Meningitis
Scarlet Fever
Mumps
Whooping Cough
Measles
Tuberculosis
Diabetes
Rheumatic Fever
Diphtheria
German Measles
Poliomyelitis
Chicken Pox
Epilepsy
Heart Disease
Kidney disease

If you have answered YES any of the above, a Physician's report is required.

Please specify:

Any allergies or asthma (include food or drug allergies)

Any serious injuries or surgery

Any other medical, emotional or social condition



AUSTRALIAN INTERNATIONAL SCHOOL

House # SEA/5, Road # 135, Gulshan-1
Dhaka 1212, Bangladesh

Does your child take any medicine regularly? Yes / No

If Yes:

Name of Medicine:

For (name condition):

- A written request for students to take medicine during school hours must be made to the Principal and Doctor's letter provided. Medicine must be handed into the school office and will only be administered by authority of the Principal.

Does your child wear glasses? Yes / No

Has your child ever had hearing difficulties? Yes / No

Any other condition? Please specify.

.....
.....

Date of last hearing examination:

Date of last eyesight examination:

- I confirm that the information given above, is accurate.
- In the event of AusIS gaining the service of a School Doctor, I give permission for my child to receive a medical examination.

Signature:.....

Date:.....



AUSTRALIAN INTERNATIONAL SCHOOL

Dhaka-1212, Bangladesh

Campus- 1 EC-Year 3, House-5, Road-135, Ph: 9881259

Campus- 2 Year 4-7, House-2B, Road-84, Ph: 9892614

Senior Campus Year 8-12, House-17, Road-99, Ph: 8881344

Please Complete and Attach 1 Photograph of Each Authorized Person Permitted to Pick up Your Child. Up to four Persons may be authorized.

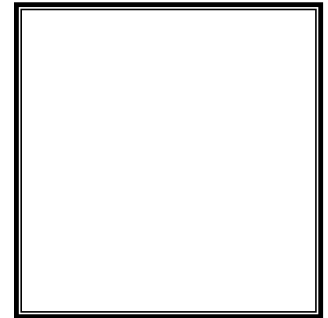
Student's Name: _____

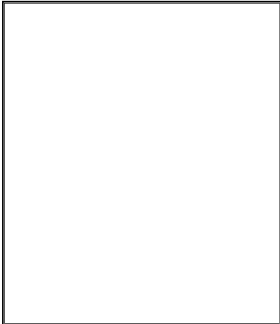
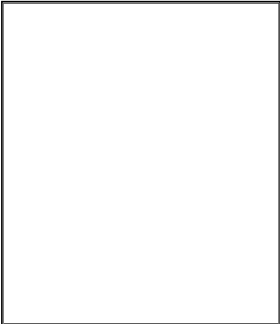
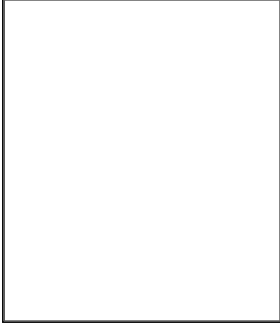
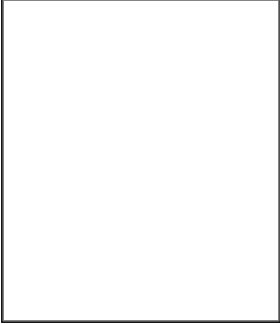
Year: **Session: Aug 2015 – Aug 2016.**

Date of Birth: / /
(dd) (mm) (yy)

Father's Name:.....

Mother's Name:.....



<p>First Person Authorized To Collect Child</p>  <p>Name:</p>	<p>Second Person Authorized To Collect Child (If Applicable)</p>  <p>Name:</p>
<p>Third Person Authorized To Collect Child (If Applicable)</p>  <p>Name:</p>	<p>Fourth Person Authorized To Collect Child (If Applicable)</p>  <p>Name:</p>

Please note that your child will remain at school until contact is made with you if any person, other than those listed above, intends to escort your child from the school ground premises.

There is a cost of 200/- Taka per each ID card.

Parent's Signature: