



SAIGON STAR INTERNATIONAL SCHOOL

Add: Residential Area # 5, Thanh My Loi Ward, Dist 2, HCMC, Viet Nam

Tel : 08 – 3742 7827 Fax : 08 – 3742 5436

Website : www.saigonstarschool.edu.vn


Admission : enroll@saigonstarschool.edu.vn



ENROLLMENT FORM

Student's name : _____
last (family) first (given) middle nickname

Date of birth : _____ Applying to grade : _____

Male :  Female :  Nationality : _____

Residential address: _____

FAMILY HISTORY

Father's name: _____

Nationality : _____

Occupation : _____ Position : _____

Company address : _____

Home tel : _____ Company : _____

Mobile : _____ Fax : _____

Email address : _____

Mother's name: _____

Nationality: _____

Occupation : _____ Position : _____

Company address : _____

Home tel : _____ Company : _____

Mobile : _____ Fax : _____

Email address : _____

Number of brothers and sisters:	Age	Grade	School Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Language(s) spoken at home _____

Child's first language(s) _____

Student will be living in Ho Chi Minh City with (check all that apply):

Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other information:

Fears: _____

Favorite toys or possession: _____

Height (m): _____ Weight (kg): _____

Physical disabilities / Major illness: _____

Treatment / Medication / Allergies: _____

Doctor (in Ho Chi Minh City): _____

Please give telephone number : _____

Please give details of someone who can act on your behalf if there is an emergency and neither parent can be reached.

Name: _____

Relationship to parent: _____

Address: _____

Home Tel.: _____ Mobile phone: _____

BOTH PARENTS TO SIGN

Father's signature

Mother's signature

DEVELOPMENTAL HISTORY

Please comment on your child's developmental milestones and the age at which they were reached

Milestones	Early	Average	Late
Toilet Training			
Crawling / Walking			
Gross / Fine Motor Skills			
Talking			
	Below Average	Average	Above Average
Attention			
Maturity Level			
Social Skills			

SCHOOL HISTORY

Please list all schools attended (most recent school first). Please give exact dates. Please also submit reports received from the schools.

School Name	Location (Country)	From	To	Grade Level (s)	Language of Instruction

HEALTH FORM

If your child has a vision or hearing problem, please describe it:

Serious illnesses, operations, injuries or hospitalization:

Allergies to drugs and/or foods:

Medications taken on a regular basis:

Disabilities:

Permission for minor medication (i.e.: Tylenol/ Panadol) to be administered

Yes _____ No _____

I hereby certify that the child named above has received the immunization indicated.

I hereby consent to emergency hospital treatment for my child at my expense.

Parent's Signature

Date

Parent's Signature

Date



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SWIMMING PERMISSION

I hereby give / do not give my permission for _____
to participate in swimming activities.

Please circle your choice and sign and date this form.

Parent's Signature

Date

Parent's Signature

Date

OUTING PERMISSION

I hereby give / do not give my permission for _____
to participate in school outing activities.

Please circle your choice and sign and date this form.

Parent's Signature

Date

Parent's Signature

Date