ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

រូបថត ៤x៦ ចាប់ពីអាយុ៤ឡើង

ព័ត៌មានផ្ទាល់ខ្លួនសិស្ស

១- ឈ្មោះសិស្ស…… ភេទ……ជាតិ……អត្តលេខ……

២- កើតនៅថ្ងៃទី……ខែ……ឆ្នាំ……នៅឃុំ-សង្កាត់……ខណ្ឌ-ស្រុក……ខេត្ត-រាជធានី……

៣- ឪពុកឈ្មោះ……មុខរបរ……ក្រសួង……

៤- ម្តាយឈ្មោះ……មុខរបរ……ក្រសួង……

៥- អាណាព្យាបាលឈ្មោះ……ត្រូវជា……ក្រសួង……

៦- អាស័យដ្ឋានបច្ចុប្បន្នលេខ……ផ្លូវលេខ……ជាន់ទី……ក្រុមទី……សង្កាត់……
ខណ្ឌ……ទូរស័ព្ទឪពុក-ម្តាយ ឬអ្នកអាណាព្យាបាល……

៧- ជាប់វិញ្ញាបនប័ត្របឋមសិក្សា សម័យប្រឡង: ថ្ងៃទី……ខែ……ឆ្នាំ……មណ្ឌលប្រលង……
លេខបន្ទប់……លេខតុ……និទ្ទេស……។

ឆ្នាំសិក្សា	កម្រិតថ្នាក់	ឈ្មោះគ្រូប្រចាំថ្នាក់	ឈ្មោះសាលាបឋមសិក្សា
២០……-២០	ថ្នាក់ទី……	-……	-……
២០……-២០	ថ្នាក់ទី……	-……	-……
២០……-២០	ថ្នាក់ទី……	-……	-……
២០……-២០	ថ្នាក់ទី……	-……	-……
២០……-២០	ថ្នាក់ទី……	-……	-……
២០……-២០	ថ្នាក់ទី……	-……	-……

លក្ខណៈពិសេសរបស់សិស្ស បញ្ជាក់ដោយគ្រូប្រចាំថ្នាក់

១- កំព្រាឪពុក-ម្តាយ ☐	- ក្រក្រី ☐	- មានទេពកោសលគួរគំនូ ☐
២- កំព្រាឪពុក ☐	- ពិការភ្នែក ☐	- មានទេពកោសល ផ្នែកចម្រៀង ☐
៣- កំព្រាម្តាយ ☐	- ពិការអវយវៈ ☐	- មានទេពកោសល ផ្នែករបាំ ☐
៤- ជនជាតិ ☐	-…… ☐	- …… ☐

BAMBOO INTERNATIONAL SCHOOL
Montessori International School
Promoting a Lifetime Love Of Learning

Student Photo
4x6

STUDENT APPLICATION FORM

☐ Toddlers ☐Pre–School ☐ Kindergarten ☐ Elementary
☐ Half-day Morning (8:00 A.M – 11:00 A.M)
☐ Half-day Afternoon (1:30 P.M - 4:30 P.M)
☐ Full-day (8:00 A.M – 4:30 P.M) | ☐ School will provide lunch
Note: Mandarin Chinese and Khmer (Full-Day-Students/Kindergarten and Elementary only)

STUDENT INFORMATION

- First name _____Middle Name_____
- Last Name _____Nick Name _____
- Khmer full name _____
- Nationality _____Gender: ☐ Male ☐ Female
- Date of Birth Day:_____/Month:_____/Year:_____
- Native Language _____ Other spoken languages_____
- Present address _____

_____

PARENT INFORMATION
FATHER

- First name: _____ Middle _____
- Last Name: _____
- Phone number: _____Email address_____

MOTHER

- First name: _____ Middle _____
- Last Name: _____
- Phone number: _____Email address_____

GUARDIAN (Relationship: _____)

- First name: _____ Middle _____
- Last Name: _____
- Phone number: _____ Email address_____

EMERGENCY CONTACTS

- First name: _____ Middle _____
- Last Name: _____
- Phone number: _____Email address: _____

HEALTH

- What arrangements can you make for child's care during illness?

  _____

  Emergencies:

  Hospital/Clinic Name:

  _____

  Address:

  _____

  Phone number:

  _____

  (Optional)
- Has your child already had contagious diseases (i.e.: chicken pox)?
  (No/Yes_____)
- Any serious illness or hospitalization?
  (No/Yes_____)
- Any physical disabilities?
  (No/Yes_____)

MEDICATION

Allergies (Yes/No)-If yes, please complete the Action Plan Form at the end and return to office-
If yes, please specify type and reaction

_____

Special medication

If yes, please specify type and complete the form at the end

For occasional medication administration, please refer to our handbook.

BEHAVIORAL INFORMATION

Toilet habits

- Can the child be relied upon to indicate his/her bathroom wishes? (☐Yes/☐No)
- Does the child have frequent toilet accidents? (☐Yes/☐No)
- How does your child react to them?

Sleeping Habits

- What time does your child go to bed? _____ Awaken_____
- What is the child's mood upon wakening?
- Does your child nap: (☐In the morning/☐In the afternoon)

Social Relationships (optional. Please note that this information will help the teaching staff to welcome and understand your child better).

- Does your child spend time with both parents? (☐Yes/☐No)
- Has your child had experiences in playing with other children? (☐Yes/☐No)
- Do you notice any of the following behaviors with your child (☐friendly, ☐aggressive, ☐shy, ☐withdrawn)
- How does your child relate to strangers?
- What makes your child angry or upset?
- What reassure and comfort your child?

Please be noted that the application will not be considered complete until:

- Copy of student's birth certificate
- Copy of parent/guardian ID
- One (4x6)and Two(3x4) recent photos of student and one (3x4)photo of each adult and parent for pick-up

- Completed Emergency information section
- Completed Action plan if your child has an allergy

We certify the above information is complete, true and accurate. We also understand that to effectively for parents/guardians to cooperate with the school, we agree the comply with school's procedures, rules and regulations as written in the parent handbook.

*Date*_____ *Signature and Name*

*Date*_____ *Signature and Name*

FIELD TRIP PERMISSION FORM

This permission form will cover all field trips which are taken by our preschool to locations set throughout the current school year. Since no student will be allowed to leave school grounds without permission of a parent or guardian, it is requested that this form be signed. Parents will be notified by a written letter before field trips are taken. If you have any objection to a specific field trip, please contact your child's teacher or the school office.

I give Bamboo Education Center my permission to take my child on this field trip:

Name of child: _____

Signature and name of father/mother:

_____

MEDICATION FORM AUTHORIZATION

I authorize the staff of Bamboo Education Center to administrate the following medication to my child:

Name of the student

Date

Name of medication

Time of administration

Detailed directions for administration of medicine

Date, signature of parent

ALLERGY ACTION PLAN FORM

Student Name: _____ Age: _____
Allergies: _____
Asthma Yes (high risk for severe reaction) No
Additional health problems besides anaphylaxis (allergic reaction):

Concurrent medications:

Symptoms of allergy: please circle

MOUTH itching, swelling of lips and/or tongue
THROAT* itching, tightness/closure, hoarseness
SKIN itching, hives, redness, swelling
GUT vomiting, diarrhea, cramps
LUNG* shortness of breath, cough, wheeze
HEART* weak pulse, dizziness, passing out.
Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life threatening.
OTHER:

_____

_____

Emergency Action Plan Steps

Medications to give/inject:
1. Other medication/dose/route:
_____

Emergency contact #1: home_____ work_____ cell_____
Emergency contact #2: home_____ work_____ cell_____
Emergency contact #3: home_____ work_____ cell_____

Comments:

_____

_____

_____

_____

Doctor's Signature/Date/Phone Number
_____

Date
Parent's Signature (for individuals under age 18 years)