

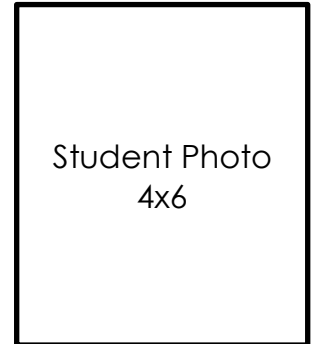
លក្ខណៈពិសេសរបស់សិស្ស បញ្ជាក់ដោយគ្រូប្រចាំថ្នាក់

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| ១- កំព្រាឪពុក-ម្តាយ | <input type="checkbox"/> | - ក្រក្រី | <input type="checkbox"/> | - មានទេពកោសលគួរគំនូ | <input type="checkbox"/> |
| ២- កំព្រាឪពុក | <input type="checkbox"/> | - ពិការភ្នែក | <input type="checkbox"/> | - មានទេពកោសល ផ្នែកចម្រៀង | <input type="checkbox"/> |
| ៣- កំព្រាម្តាយ | <input type="checkbox"/> | - ពិការអវយវៈ | <input type="checkbox"/> | - មានទេពកោសល ផ្នែករបាំ | <input type="checkbox"/> |
| ៤- ជនជាតិ | <input type="checkbox"/> | - | <input type="checkbox"/> | - | <input type="checkbox"/> |

BAMBOO INTERNATIONAL SCHOOL

Montessori International School

Promoting a Lifetime Love Of Learning



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 waking?
- 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)