

Student Application Form
Primary

Date of Application : _____

Student Information

Student's Full Name : _____

Name the student would like to be called in school : _____

Date of Birth : Day _____ Month _____ Year _____ Age: _____

Birthplace : _____

Language spoken at home : _____

Other language spoken fluently by the student: _____

Parent Information

Mother's Full Name : _____

Nationality : _____

Occupation : _____

Home Address: _____

Work Address : _____

Telephone Number – Work : _____ Home _____

Father's Full Name : _____

Nationality : _____

Occupation : _____

Work Address : _____

Telephone Number – Work : _____ Home _____

Student Background

If your child is coming from another education facility, what was the language of instruction? _____

Where there any documents provided from that school regarding your child
(*Progress reports, observations ?*) Yes _____ No _____

Does your child adjust well to new situations ? _____

Does your child have any special talents or hobbies ? _____

Is your child involved in any extra curricular programs outside of school
(eg: swimming lessons,music , dance , language tution , etc.)?

Does your child have special needs, either emotional or physical ?
Yes No (*If yes, please provide details*) _____

Who does the student live with? (Please tick beside the appropriate names)

Mother _____ Father _____ Grandparents _____

Other family member _____

Does the student have sibling?

Yes _____ No _____ (*If yes ,Please provide details*) _____

What was the anticipated length of time you would have your child enrolled at Network?

Health

Are there any medical problems currently affecting your child?

Yes _____ No _____ (*If yes, please provide details*) _____

Does your child have any physical activity restriction (swimming, running, etc .)?

Yes _____ No _____ (*If yes, please provide details*) _____

Is your child on any medications ?

Yes _____ No _____ (*If yes, please provide details*) _____

Does your child have any allergies?

Yes _____ No _____ (*If yes, please provide details*) _____

Please provide a full immunization history for your child in the chart below :

Immunization History	Date of Last Immunization
Tetanus /Diphthera / Whooping Cough (DPT)	
Polio	
Measles	
Mumps	
Rubella	
Hepatitis B	
Hepatitis A	
Typhoid	

Please provide an alternative emergency contact in Yangon in the event that parents can not be reached.

Name : _____

Address : _____

Telephone Number – Work : _____ Home _____

Office Use Only

Accept _____ Not Accept _____ Waiting List _____