

Health Records :

Any health or medical condition that requires the attention of the school including toilet training

Any physical or audio / visual impairments (temporary or permanent) that the student is suffering from:

Drug allergies

Food and Drink allergies

Name of Family Doctor Tel No.

Address

Name of Person to contact in case of emergency

Address

Tel No.

Illnesses : (Please complete the following)

Illnesses	Approximate Dates
Measles	
Chicken Pox	
Mumps	
Typhoid Fever	
Others	

Payment record :

Name of person responsible for tuition fee

Office Address

Home Address

..... Tel No..... Fax

Relationship to the student

Financial Accounts to be sent to

Parents Agreement :

1. I hereby agree to pay the fees to the School in full, before the end of the first week upon commencement of each new term. I also understand and agree that if I default in paying the fees, the School has the right to exclude my child / ward from the School.

2. I hereby give my consent to have my child receive First Aid treatment in the School and / or to be treated by a physician or the hospital for medical or surgical care, should an emergency arise. I understand that every effort will be made to contact me or my spouse before such action is taken. I also give permission for my child to ride in a staff member's car in this event or if he/she needs to be taken home.

3. I hereby grant my permission for my child to participate in all supervised excursions which may be scheduled during his / her enrolment in this School.

4. Whilst the management makes every effort to ensure safety in this School, I will not hold the School responsible for any accidents that may occur during my child's enrolment in this Centre, as the child will be covered by Accident and Injury Insurance from his / her date of enrolment.

5. I have read and accepted these policies and conditions contained in both the School's Prospectus and the Application for Admission form and agree to be bound by all such policies and conditions.

Signature of Parent

Date

For Office Use Only :

Application Received by		Registration Fee	
Date/amount Fee Received		Date of Admission	
Checked by		Approved by	

Remarks / References