



Application Checklist

Child Name _____

Date _____

Please attach:

- _____ 1. Two recent photos of the child
- _____ 2. A passport copy of the child
- _____ 3. Student Application Form
- _____ 4. Transcript(s) from previous school (for primary only)
- _____ 5. Student Health Form
- _____ 6. Copy of the vaccination
- _____ 7. Tuition Agreement Form
- _____ 8. Application Fee

Other:

_____ If you are a missionary, please attach a copy of Certification of Missionary

Thank you,
GloLink International School



STUDENT APPLICATION FORM

STUDENT INFORMATION

Please attach a recent photograph of the child

Student's Name _____ Nickname _____
(First) (Last)

Student's Birthdate (DD/MM/YYYY) _____ Age _____ Female Male

Nationality _____ Current Grade _____ Applying for Grade _____

Residential Address _____

Name of Present School (If transferring from another school) _____

PARENTS INFORMATION

Father's Name _____ Mother's Name _____

Phone Number _____ Phone Number _____

Religion _____ Religion _____

Does the child live with the father? Yes/ No Does the child live with the mother? Yes / No

Father's email _____ Mother's email _____

Occupation _____ Occupation _____

SIBLINGS INFORMATION

First Name	Last Name	Birthdate (DD/MM/YYYY)	Gender	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LANGUAGE INFORMATION

What languages do the following people use to communicate at home?

Father: _____ Mother: _____ Siblings: _____

What is your child's first language? _____ Reading: Beginning/Fluent
Writing: Beginning/Fluent
Speaking: Beginning/Fluent

What is your child's proficiency in English?

Reading: Beginning / Good / Fluent **Writing:** Beginning / Good / Fluent **Speaking:** Beginning / Good / Fluent



STUDENT APPLICATION FORM

1. I fully understand that GloLink International School (GIS) is a Christian school, that my child will be taught Bible, attend chapel programs and that children/ parents of other faiths and persuasions will not be allowed to proselytize. I am willing for my child to abide by the policies and philosophy of education at GIS.
2. I understand that although care will be taken to prevent accidents from occurring under GIS supervision during school time, sometimes accidents are unavoidable. If an accident(s) should occur, I authorize GIS to take appropriate actions for the benefit of my child and shall not hold GIS liable for such accident(s) and action(s) they take.
3. I will support and help my child to observe all school regulations, including respecting and protecting the school's property, equipment, buildings and good name.
4. I agree to uphold and support the high academic standard of educational ministry by providing a place at home for my child to study and encouraging my child in the completion of homework or assignment.
5. I understand that GIS reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations and discipline or whose parents do not assume their responsibility to the educational ministry.
6. I have read and agree to abide by the GIS payment policy.
7. I understand that GIS has the sole, exclusive and final right to administer selective enrolment of students' application for the best interest of the school.

By signing this agreement, I am expressing intent to enroll my child for the entire year. Should I choose to discontinue this contract, or my child be dismissed by the school, the payment of all fees and tuition paid at that time shall be considered non-refundable.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of facts during any phase of the application process may prevent my child from being accepted, or if accepted, may subject my child to immediate dismissal.

I further certify that I have carefully read and do understand the above statements.

Father's signature

Date

Mother's signature

Date



STUDENT HEALTH FORM

STUDENT INFORMATION

Student's Name _____ Grade _____ Age _____
(First) (Last)

Student's Birthdate (DD/MM/YYYY) _____ Nationality _____ Female Male

PARENTS / GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____
Phone Number _____ Phone Number _____

EMERGENCY CONTACTS IN CAMBODIA

Other than parent or guardian

Emergency Contact 1 _____ Relationship _____
Contact number _____ Address _____

Emergency Contact 2 _____ Relationship _____
Contact number _____ Address _____

Name of the clinic/ hospital you would prefer your child be taken to in case of emergency:

(Name of physician) (Name of clinic/ hospital) (Phone number)

HEALTH QUESTIONNAIRE

Does your child have any immediate health concerns or problems? Yes No
If yes, please explain: _____

Does your child have any allergies? Yes No
If yes, please explain: _____

Medical Conditions:

Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma		Ear Infections		Orthopedic Problems		Tuberculosis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior problems		Frequent Headaches		Seizures/Epilepsy		Urinary Infections	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congenital Anomalies		Hearing difficulties		Skin Conditions		Vision problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes		Heart Conditions		Speech problems		Others: _____	

Please provide any necessary health records, including a record of immunizations. If yes to any of the above, the school nurse will contact you to schedule a consultation.

I give my permission for emergency measure to be initiated in case of accident or sudden illness of my child, with the understanding that I will be notified as soon as possible. I certify that all of the information given on this record is complete and correct, to the best of my knowledge. I agree to notify the school of my changes to the health information provided this form.

Name Relationship to child Signature Date



Tuition Agreement Form

(កិច្ចព្រមព្រៀងបង់ថ្លៃសាលា)

(학비 동의서)

I/We agree to the above annual school fees and to make payments by **one week BEFORE each term**. I/We agree to pay a service charge of 10% for any payment not made by one week before each term and understand that my child(ren) will be withdrawn from GIS if school fees have not been made for two consecutive terms. I/We the parents understand that absences will not be subject to a tuition discount. **I/We agree to pay the full annual school fees regardless of early leave or any other reason for early termination of the school year.**

I/We the parents understand the policies and standards for GIS and pledge our support of the school and of its administration. I/We understand that GIS is a Christian School. I/We give the authority to GIS to use their discretion in the discipline of my/our child. I/We further agree to give the school complete authority in determining the appropriate learning level of my/our child, regardless of age.

I/We understand that my/our practical help and participation is needed to train the children. I/We acknowledge that the school reserves the right to suspend or dismiss any student/family who does not cooperate with the administration and the educational process at any time.

យើងខ្ញុំជាអាណាព្យាបាលសិស្សដឹងថា ការមានអវត្តមាននៅសាលាគឺមិនទាក់ទងទៅនឹងការបញ្ចុះតម្លៃបង់ថ្លៃសាលាឡើយ។ យើងខ្ញុំយល់ព្រមក្នុងការបង់ថ្លៃសាលារៀងរាល់ដើមឆមាសក្នុងអាទិត្យទីមួយ។ យើងខ្ញុំយល់ព្រមបង់ថ្លៃជាកំរិត ១០% នៃថ្លៃសាលា ប្រសិនបើយើងខ្ញុំមិនបានបង់ថ្លៃសាលាអោយទាន់ពេលវេលា ហើយប្រសិនបើយើងខ្ញុំមិនបានបង់ថ្លៃសាលាក្នុងរយៈពេល២ឆមាសនោះ កូនរបស់យើងខ្ញុំនឹងត្រូវលុបឈ្មោះចេញពីសាលាGIS ។ យើងខ្ញុំនឹងបង់ថ្លៃសាលាអោយពេញតម្លៃ ទោះបីជាកូនយើងខ្ញុំត្រូវឈប់មុនកំណត់ រឺក៏យើងខ្ញុំមានហេតុផលអ្វីផ្សេងទៀតក៏ដោយ។

យើងខ្ញុំជាអាណាព្យាបាលសិស្សយល់ច្បាស់ពីគោលការណ៍ និងលក្ខខណ្ឌរបស់សាលាយោងតាមប័ណ្ណផ្សព្វផ្សាយ របស់សាលាGIS ដែលបានចេញដោយសាលា និងរដ្ឋបាលរបស់សាលា។ យើងខ្ញុំដឹងថាសាលាGISគឺជាសាលាគ្រីស្ទាន។

យើងខ្ញុំផ្តល់សិទ្ធិអោយសាលាGISសំរេចចិត្តដាក់វិន័យទៅលើកូនរបស់យើងខ្ញុំទៅតាមគោលការណ៍របស់សាលា។

យើងខ្ញុំផ្តល់សិទ្ធិអោយសាលាបែកចែកថ្នាក់សំរាប់កូនរបស់យើងខ្ញុំទៅតាមអាយុរបស់ពួកគេ។

យើងខ្ញុំជាអាណាព្យាបាលសិស្សដឹងច្បាស់ថា ការជួយការងារសាលាដល់កូនៗគឺមានសារៈសំខាន់ខ្លាំងណាស់ ដើម្បីជួយគេអោយកាន់តែរីកចម្រើនថែមទៀត។ យើងខ្ញុំយល់ព្រមអោយសាលាព្យួរឈ្មោះកូនរបស់យើងខ្ញុំ រឺក៏បញ្ឈប់កូនរបស់យើងខ្ញុំពីសាលាGIS ប្រសិនបើគេមិនគោរពទៅតាមគោលការណ៍របស់សាលា។

저희는 책정된 학비에 동의하고 각 분기 시작되기 전주에 학비를 지불 할 것을 동의합니다. 납부일이 지나면 10%의 서비스 비용이 발생하고 두 분기를 연속적으로 지불하지 않을 경우 자녀가 이 학교에서 수업을 받지 못하게 될 것에 동의합니다. 학부모인 저희는 저희 자녀가 결석을 하더라도 학비가 할인되지 않는다는 것에 동의합니다. 저희는 휴가 또는 학년의 조기 종료 등에 관계없이 전체 연간 학비를 지불하는 데 동의합니다.

학부모인 저희는 GIS 의 정책과 기준들을 이해하고 학교와 학교행정에 따를 것을 약속합니다. 저희는 GIS 가 기독교학교인 것을 이해합니다. 저희는 GIS 에 저희 자녀를 신중하게 훈계할 수 있는 권한을 부여합니다. 또한 저희는 학교가 저희 자녀의 학년 수준을 나이와 관계없이 결정할 권한을 드리는 것에 동의합니다.

학부모인 저희는 저희의 도움과 참여가 자녀를 교육하는데 필요하다는 것을 이해합니다. 저희가 학교 행정과 교육 과정에 협조하지 않거나 저희 자녀가 학칙을 준수하지 않을 경우 정학 또는 퇴학 시킬 수 있는 권리가 학교측에 있음을 동의합니다.

Father's signature
ហត្ថលេខាលោកឪពុក

Date
ថ្ងៃទី ខែ ឆ្នាំ

Mother's signature
ហត្ថលេខាអ្នកម្តាយ

Date
ថ្ងៃទី ខែ ឆ្នាំ