



2020 Application for New Enrolment

<p>To be eligible to commence Prep, your child must have been born on or before March 31st 2015. Final acceptance of your child is determined by the School Board and Principal. The child must also have completed preschool or elementary one to be eligible for prep class.</p> <p>Registration Fee of K150 for your child will need to be paid to a School Bank, either: Bank South Pacific account: 1013 245 293 or WESTPAC account: 47 007 35201. The Bank Receipt must be presented with your child's new enrolment form.</p> <p>Tick (✓) Grade Requested: P <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Anticipated Start Date: ___/___/2020</p>	Attach with completed form	
	1. Registration Fee (non-refundable)	<input type="checkbox"/>
	2. Transfer Certificate	<input type="checkbox"/>
	3. Latest School Report	<input type="checkbox"/>
	4. Copy of Birth Certificate	<input type="checkbox"/>
	5. Copy of passport and visa	<input type="checkbox"/>

STUDENT DETAILS			
Name:	Surname:	Date of Birth:	Sex: Male <input type="checkbox"/> or Female <input type="checkbox"/>
Religion / Church:		Language(s) spoken at home:	
Residential Address:			
Postal Address:			

STUDENT ACADEMIC HISTORY <i>(Please attach all relevant reports and transfer certificates)</i>		
Name of previous School:	Year Level at previous School:	No. of years attended:

ADDITIONAL STUDENT INFORMATION
Does your child have any learning difficulties or special needs? Please specify.
Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (e.g. living apart from parental supervision, subject of court order) Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes please state

STUDENT MEDICAL INFORMATION Please tick if your child suffers any of the following:
<input type="checkbox"/> Asthma <input type="checkbox"/> Migraine <input type="checkbox"/> Blackouts <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Fits of any type <input type="checkbox"/> Heart condition <input type="checkbox"/> Other _____
Any special care needed:
I consent to my child having Panadol for a temperature or a headache. Yes <input type="checkbox"/> / No <input type="checkbox"/> Parent/Guardian signature: _____
Tetanus immunisation: Year of last tetanus immunisation _____

FATHER/ GUARDIAN DETAIL		
Name:	Surname:	Mobile no:
Work no:	Email:	Home Province/District:

MOTHER/ GUARDIAN DETAIL		
Name:	Surname:	Mobile no:
Work no:	Email:	Home Province/District:

EMERGENCY CONTACT(S): (Reliable person(s) apart from parents/guardians)		
Name:	Relationship to student:	Mobile no:
Name:	Relationship to student:	Mobile no:

STUDENT SIBLINGS AT SCHOOL			
Name:	Year Level:	Name:	Year Level:
Name:	Year Level:	Name:	Year Level:

SCHOOL FEE FINANCIER Indicate your school fee financier and paid %: Parent/Guardian: _____ % Company: _____			
Name:	Surname:	Mobile no:	Work no:
Email:		Address:	

SCHOOL FEE SCHEDULE
I am selecting the indicate plan below;
<input type="checkbox"/> Early bird full year payment (to be paid by 1/11/2019)
<input type="checkbox"/> Full Year payment by or before Friday 13/12/2019
<input type="checkbox"/> Term payments (3 instalments due by each Friday Week 2 of Terms 1,2 & 3)
<input type="checkbox"/> Would like to arrange for an interview with the Principal to make a personal plan for payment.



PLEASE READ CAREFULLY

LATE/OUTSTANDING FEES:

It is very important that you pay your fees on time. Please be aware of the following charges relating to late and outstanding fee payments in 2020.

Outstanding/Late Fee Notices will be generated three (3) times every term for those families with outstanding fees. Regardless of the amount of fees outstanding. Each time an Outstanding Fee Notice is generated it will attract an administration fee of K100. When fees are consistently unattended then cancellation of enrolment will be considered.

AGREEMENT:

- I have read the Board of Management School Fees and Enrolment Information Booklet and understand that my child's continued enrolment is dependent on my acceptance and continued compliance with this policy.
- I understand that this enrolment is for one academic year only and the school reserves the right to refuse re-enrolment next year if my child's attitude or behaviour is unsatisfactory this year or I consistently fail to attend to fees
- I understand that OLSH reserves the right to allocate my child to the class and grade appropriate to their age and educational experience.
- I acknowledge that my child will be expected to participate in off-site excursions and/or activities from time to time.
- I/we are the legal parents/guardians of the child named herein and that we have the legal right to enrol them into school in Papua New Guinea.

Note: Year 9 & 11 enrolments are dependent on achievement of the appropriate cut-off marks from the Year 8 & 10 National Examinations.

WAIVER OF LIABILITY

I am aware Our Lady of the Sacred Heart (OLSH) International School does not insure students against personal accident or injury. It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident and Injury. OLSH International School will not accept financial liability for such expenses if they should arise.

This agreement releases OLSH and any venue, business or organisation hosting OLSH students, from all liability relating to injuries that may occur during activities on the School Campus and OLSH activities located off campus such as, but not limited to picnics, camps, excursions, work experience, sporting and church events. By signing this agreement, I agree to hold OLSH and any other venue, business or organisation hosting OLSH students, entirely free from any liability, including financial responsibility for injuries incurred.

I also acknowledge the risks involved in on and off campus activities, additionally, my son/daughter does not have any conditions that will increase the likelihood of experiencing injuries while engaging in school activities.

By signing below I, forfeit all right to bring a suit against OLSH, and any other business, venue or organisation hosting OLSH students, for any reason. My son/daughter will also make every effort to obey safety precautions as listed in writing and as explained to them verbally.

Mother/Guardian's Signature: _____

Date: _____

Father/ Guardian's Signature: _____

Date: _____

OFFICE USE ONLY	
Date application received:	
Grade admitted:	
Student house color:	
Details entered on database:	
Student File created:	
Invoice created:	
Invoice despatched:	

OFFICE NOTES:

Principal's signature: _____