

BIRDWING INDEPENDENT SCHOOL



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 Principal: +675 7618 5821
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Please attach a passport size photo in this box

ENROLMENT FORM

Student Enrolment Information

Family name: Given name:

D D M M Y Y

Date of birth: Female Male

Nationality Religion

Student contact details Residential Address

Home phone:

Postal address:

Family Situation - Child lives with:

Who will be responsible for paying school fees?

Billing address:

Details of Father / Guardian

Name:

Business ph: Fax:

Mobile: Email:

Employer: Occupation:

Nationality:

Details of Mother / Guardian

Business ph: Fax:

Mobile: Email:

Employer: Occupation:

Nationality:

Name of other Emergency contact:

Phone:

Grade applied for:

Starting Date:

D D M M Y Y

Last school attended

Year: Grade: Country:

Main language spoken at home:

Other language spoken at home:

Disability if any:

Special needs if any:

Medical condition if any:

Name of student's doctor:

- In the event of the school being unable to contact parents/guardians in an emergency, I give my permission for the school to arrange medical or dental treatment, as required.
- I give permission for my child to attend school excursions. The school will notify parents prior to the excursions.
- I agree to abide by school policies.
- I have read the school discipline code and am aware of the established policies.
- I undertake to ensure school fees are paid in advance.
- I will notify the school if there are any changes to the information on this form.

Parents / Guardian Signature

Dated:

D D M M Y Y

OFFICIAL USE ONLY

Grade admitted to:

Admission number:

Admission date:

Tuition fee due:

Birth certificate/passport sighted: Yes No

Transfer certificate sighted: Yes No