MELBOURNE INTERNATIONAL SCHOOL

STUDENT ENROLMENT FORM

Dear Parents,

Enclosed is the student enrolment form. Kindly fill up all sections and submit the completed form with the requested documents detailed in **Annex A**.

Section A: Student and Family details. **To be filled by a parent or guardian**

• Student personal details • Student's family details • Emergency contacts • Demographic details of students	• Student restriction details • Previous/current school details • Student restriction details • Indemnity

Section B: Student's medical history. **To be filled by student's general practitioner or parent/guardian.**

• Student's doctor details • Medical condition details • Asthma medical condition details • Student's medical history

Registration fee:

A **non-refundable registration fee of $2180 (including GST)** is payable along submission of the registration form and requested documents. Payment can be made via Paynow, bank transfer or cheque. Our banking details are as below:

Payment mode 1: Paynow to Melbourne International School Pte Ltd UEN No. 201421721H.

Payment mode 2: Bank transfer
Bank: OCBC Bank
Bank Code: 7339
Branch Code: 617
Account No: 617-843578-001
Swift Code: OCBCSGSG

Payment mode 3: Cheque
Cheques are to be crossed and payable to: **MELBOURNE INTERNATIONAL SCHOOL PTE LTD.**

Kindly email the payment proof to our Finance department at finance@melis.edu.sg or admissions@melis.edu.sg.

Student and Family details. To be filled by a parent or guardian

Student's details:	
Forename:	Middle name:
Surname:	Preferred name: (if applicable)
Birth certificate/ Passport number:	Nationality:
Sex: Male/Female	Date of birth:
Race:	Language(s) spoken at home:
What is the residential status of the student: SC/ PR/ DP/ SP or others: _____	
Who is the primary caregiver? Name: Relationship:	

Family Details	
Adult A Details (Primary Carer)	Relationship to student:
Forename:	Middle name:
Surname:	Date of birth:
Nationality:	Race:
Passport number:	EP/DP number:
Home address: Please tick if this is the student's main address. ☐	
Postcode:	Home phone:
Mobile:	Email address:
Employment Detail:	
Occupation:	Employer:
Work phone:	Email:
Address:	
Postcode:	
Adult B Details (Primary Carer)	Relationship to student:
Forename:	Middle name:
Surname:	Date of birth:
Nationality:	Race:

Passport number:	EP/DP number:
Home address: Please tick is this is the student's main address.	
Postcode:	Home phone:
Mobile:	Email address:
Employment Detail:	
Occupation:	Employer:
Work phone:	Email:
Address:	
Postcode:	

Emergency contacts			
Name	Relationship	Phone	Language spoken

Demographic details of the student

Does the student speak a language other than English at home:
(If more than one language is spoken language is spoken at home, indicate the one that is spoken most often):

☐ English only

☐ Other languages (please specify): _____

Current school details	
Name of previous school:	Years in pervious school:
What was the language medium in the previous school:	Years of interruptions to education:

Has the student repeated a year?
☐ Yes ☐ No

If yes, please specify: _____

Enrolment

Will the student be attending MIS full time: ☐ Yes ☐ No

If no, what will be the time fraction that the student will be attending this school?

No of days: _____

Is the student is enrolled in another school: ☐ Yes ☐ No

School details: _____

Student Restriction Details

Is the student at risk? ☐ Yes ☐ No

Is there an Access Alert for the student: ☐ Yes ☐ No

If yes, please complete the following questions:

Access type:

☐ Court order ☐ Family Law Order ☐ Restraining Order ☐ Other

Describe any Access Restriction: _____

_____

Is there any activity restriction? ☐ Yes ☐ No

If yes, please specify: _____

_____

Section B: Student's medical history. **To be filled by student's general practitioner or parent/guardian.**

Student medical details	
Student doctor details	
Doctor's name:	Clinic:
Clinic address:	Telephone:
	Email:

Medical condition details
Does the student suffer from any of the following impairment?
Hearing: ☐ **YES** ☐ **NO** **Speech:** ☐ **YES** ☐ **NO** **Vision:** ☐ **YES** ☐ **NO**
Mobility: ☐ **YES** ☐ **NO**

Asthma medical condition details	
Answer the following questions only the student suffers from any asthma medical conditions.	
Please indicate if the student suffers from any of the following symptoms: ☐ **Cough** ☐ **Difficulty breathing** ☐ **Wheeze** ☐ **Exhibits symptoms after exertion** ☐ **Tight chest**	If my child displays any of these symptoms, please: **Inform the doctor:** ☐ **Inform the emergency contact:** ☐ **Administer medication:** ☐ **Other medical action:** **(Please specify)** _____ _____
Has the Asthma Management Plan been provided to the school? ☐ **YES** ☐ **NO**	
Does the student take medication? ☐ **YES** ☐ **NO** Is the medication taken regularly by the student preventing or only in response to the symptoms? **Preventive/ Response**	
Indicate the usual dosage of the medication taken:	Indicate how frequent the medication is taken:

Medication is usually administered by:	How is the medication stored:
Dosage time: Reminder required? ☐ **YES** ☐ **NO**	Poison rating:

Student's medical history:

Illness/ Injuries

Specify the age it occurred: _____ Type of illness/ injury:_____ _____ Is the illness/ injury treated / not treated/ on medication now. (**please circle where applicable**) Please fill up medication form if student is on medication for the above illness/injury.	Specify the age it occurred: _____ Type of illness/ injury: _____ _____ Is the illness/ injury treated / not treated/ on medication now. (**please circle where applicable**) Please fill up medication form if student is on medication for the above illness/injury.

Does the student have the following conditions:

☐ **Respiratory** ☐ **Cardiovascular** ☐ **Gastrointestinal** ☐ **Genitourinary** ☐ **Skin**

☐ **Speech** ☐ **Hearing** ☐ **Vision** ☐ **Musculoskeletal**

☐ **Neurological**

Does the student have any allergies? (please specify)

_____

_____

Does your child have an EpiPen? ☐ **Yes** ☐ **No**

If yes, will the student carry it with him/her to school? ☐ **Yes** ☐ **No**

Please state the symptoms of the anaphylactic shock:

_____

_____

Please list all the medical professionals/ specialist/ therapists currently working with the child with frequency, nature of involvement, contact details:

Name of Med professional/ specialist/ therapist	Frequency (Days and hours)	Nature of involvement	Contact details

Melbourne International School Indemnity, Permission and Authorisation

Indemnity

I confirm that my child's participation in this program and the related activities is entirely voluntary, and I accept all risks involved therein. Melbourne International School and/or any of their respective employees, will work to ensure the safety of all students, but shall not be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by me or my child as a result, directly or indirectly, of attending the activities. MIS and/or their respective employees shall not be liable for any loss and/or damage (including indirect or consequential loss and or/damage) arising there from.

I hereby indemnify MIS and their respective employees from any loss, damage or injury that would otherwise be incurred arising from any loss or injury suffered by me or the abovementioned students /children arising from or incidental to their participation in the Sessions.

Name of parent:

Signature:_____ Date: _____

Permission and Authorisation

I hereby permit/ do not permit the School to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child, his or her work for the purpose of illustrations, publications, and websites, including both not limited to school marketing materials. Further, I hereby permit the School to notify local newspapers of my child's academic, athletic, and other special achievements for publicity purposes.

_____
Parent/guardian's signature: Date:_____

Thank you for taking time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school. You may read about the school's PDPA Policy via this link: https://melis.edu.sg/pdpa-policy/.

I certify that the information contained within this form is correct.

_____ _____
Parent/guardian's signature: Date:
Parent/guardian's name:

Annex A

Kindly submit the following documents along with the enrolment form.

Student and Parent Data:

- **Scanned copies of father and mother's passport**
- **Scanned copy of student's passport,**
- **Scanned copies of father and mother (NRIC/ EP and/or DP),**
- **Scanned copy of student's NRIC or DP,**
- **Scanned copy of Student's Birth certificate,**
- **Psychological report (if available)**
- **Medical diagnosis (if available)**
- **Previous school report and ILPs (if available)**
- **Vaccination record if available**
- **COVID vaccination cert/ COVID vaccination exemption letter.**
- **MOE compulsory education exemption *for Singaporean students 6 – 18 years of age.***

Thank you.