



The One World Academy

Gateway to a Global Future

Enrolment Form

Child's Name: _____ Nickname: _____ M / F
 [First] [Middle] [Last] (circle)

Name (Burmese): _____ ID/Passport: _____
Date of Birth: _____
Nationality: _____ Age: 1st Aug this year _____ [dd/ mm /yyyy]

Address: _____

Contact 1: _____ Phone: _____
[Pls circle: Mum, Dad, Sis/Bro, Auntie, Uncle, Grandparent, Guardian]

Phone/Wechat: _____ Nationality: _____

Contact 2: _____ Phone: _____
[Pls circle: Mum, Dad, Sis/Bro, Auntie, Uncle, Grandparent, Guardian]

Phone/Wechat: _____ Nationality: _____

Any other siblings enrolled at TOWA?

Name: _____ M / F Date of Birth: _____
 (circle) [dd/ mm /yyyy]

Name: _____ M / F Date of Birth: _____
 (circle) [dd/ mm /yyyy]

School Meals?

*[First week is **free**- your fee is refunded if your child is unsatisfied by week 2.]*

Who will normally collect your child from school?

_____ Phone no: _____

Any allergies?

Does your child have...?

ADHD	<input type="checkbox"/>	Dizzy spells or faints	<input type="checkbox"/>	Mobility impairment	<input type="checkbox"/>
Asperger's syndrome	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Motor skills difficulties	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Speech impediment	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	A heart condition	<input type="checkbox"/>		

Does your child have any other condition or take regular medication that we need to know about?

Please give us details of the doctor, clinic or hospital you would prefer for your child in an emergency:

[Name of doctor, clinic or hospital]

[Address]

[Phone]

How did you hear about us?

Conversation	<input type="checkbox"/>	Newspaper Ad	<input type="checkbox"/>	TV	<input type="checkbox"/>
Event	<input type="checkbox"/>	Poster	<input type="checkbox"/>	Website	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Walked past premises	<input type="checkbox"/>
				Other	<input type="checkbox"/>

I confirm that the information given on this form is correct. I have read and accept the School's Admissions Agreement.

Signature of Parent or Carer:

Date:

[dd/ mm /yyyy]

[Name in capital letters]

's class is: and their start date is: / /

[dd/ mm /yyyy]

And their Homeroom Teacher is:

And their contact is:

Application received:

Date:

[dd/ mm /yyyy]

Approved by:

Principal

Copy to:

- Parent/Carer
- Admin (this one)
- Key Person (Tchr)

Admissions Agreement

Dear Parent or Guardian

Thank you for choosing The One World Academy. To help us provide a professional, first-class service in caring for your child please read and sign this agreement if you agree to its terms.

The Parent or Guardian agrees to:

Ensure that whenever possible their child arrives at school on time and is collected punctually.

Notify Reception either by phone call, email or written note when their child:

- Is going to be absent
- Develops a new medical condition or transmissible disease
- Requires medication (giving us details of what , how and when)
- Is going to be collected from school by someone other than the one designated on the enrolment form

The school obtaining emergency medical treatment for the child in the event that the parent cannot be contacted and will reimburse the school for the cost of any treatment.

Notify the child's Homeroom Tutor (as identified on the enrolment form), either by phone call, email or written note when their child is:

Diagnosed with a learning difficulty or disability (so that we try to provide additional learning support)

Give their discretionary permission on any field trips or educational visits consent form in the understanding that, usual safety precautions being implemented, the school is not liable for any accident or injury that may occur.

Permit the child's image to be featured in print or digitally.

Comply with all rules, regulations, policies and procedures as outlined in the Student-Parent Handbook.

Signed: _____ Date: _____

[dd/ mm /yyyy]

[Full Name here]