

STUDENT APPLICATION FORM

Family Name:	First Name:	Middle Name:	Preferred name	<i>Office use Only</i>	
				Year Group	
				ESL Grade	
Date of Birth: ____ / ____ / ____ Day / Month / Year	Citizenship:	Passport Country of issue and Passport Number (please attach a photocopy)		Gender:	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Application Date ____ / ____ / ____ Day / Month / Year	Preferred Start Date ____ / ____ / ____ Day / Month / Year	How many years do you hope to attend HOPE International School?		Campus Choice:	
				<input type="checkbox"/> Phnom Penh <input type="checkbox"/> Siem Reap	

Residential Address:	City:	State / Province:	Country:
Preferred Contact name, phone & Email for school use:			

FAMILY DETAILS:

Who will the student live with whilst enrolled at HOPE? Both parents Mother Father Other (please specify) If this is a guardian please provide confirmation of legal guardianship.

Father's Information

Name:	Nationality: Citizenship: Language(s) spoken:	Religion: Christian Denomination Other (please state)
Mission Organisation/ Employer in Cambodia	Employer's Address	Work Phone:
Mobile Phone:	Email:	

Mother's Information

Name:	Nationality: Citizenship: Language(s) spoken:	Religion: Christian Denomination Other (please state)
Mission Organisation/ Employer in Cambodia	Employer's Address	Work Phone:
Mobile Phone:	Email:	

Profile Statistics (please tick/check as appropriate):	
<input type="checkbox"/> Expatriate Christian Mission	<input type="checkbox"/> Cambodian Christian
<input type="checkbox"/> Expatriate Christian	<input type="checkbox"/> Cambodian non-Christian
<input type="checkbox"/> Expatriate non-Christian (Please state other religion if applicable)	<input type="checkbox"/> HOPE Staff

Job Category (please tick/check as appropriate):

<input type="checkbox"/> Mission	<input type="checkbox"/> Church Planting
<input type="checkbox"/> Professional	<input type="checkbox"/> Education
<input type="checkbox"/> Development	<input type="checkbox"/> Hostel
<input type="checkbox"/> Health	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Managerial / Executive	<input type="checkbox"/> Skilled Craft or Trade
<input type="checkbox"/> Administrative / Clerical	<input type="checkbox"/> Military
<input type="checkbox"/> Engineering / Technical	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Educator	<input type="checkbox"/> Retired
<input type="checkbox"/> Doctor	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Other (please specify): _____

Church Affiliation:	Address:	Office Phone:	E-mail Address:

When the school needs to communicate with the parents: please write in first language and check whether English/Khmer is understood.

Father: _____ English Khmer Mother: _____ English Khmer

STUDENT'S EDUCATIONAL HISTORY (If homeschooled use 'homeschooled' as the school name and complete other information appropriately)

Schools attended in the past 4 years (list each school only once)	Address (City, State/Province, Country)	Dates attended	Grade Levels	Reasons for leaving (e.g. moved house, withdrawn, completed highest grade offered)
1.				
2.				

Does your child have siblings attending or applying to HOPE? Give names and dates of birth:

Name:	Date of Birth (dd / mm / yyyy):

BACKGROUND INFORMATION

Has your child attended an international school before? Give details	Has your child attended school in Cambodia before? Give details
For those with homeschool background: please state the name and website of the curriculum you have been using (please indicate in detail: how your child's work was assessed):	If they are currently attending school in Cambodia why are you choosing to transfer schools (you can tick more than one box) : <input type="checkbox"/> Curriculum <input type="checkbox"/> Price of school fees <input type="checkbox"/> location <input type="checkbox"/> Christian ethos <input type="checkbox"/> other: please give details:
What language did your child learn first?	What languages has your child's education been in?
How many years did they spend in that setting?	What languages does your child usually speak?
What language(s) is spoken in your home?	
What are your child's interests, strengths and weaknesses	
Has your child ever been referred for educational or psychological testing? If so please explain	
Has your child ever received educational or psychological testing? If yes, please attach copies of any records	
Has your child ever had additional support at school dues to learning, behaviour, emotional or drug issues? If yes, please describe and include copies of relevant individual education plans/	
Are you concerned that your child may need support due to learning, behaviour, emotional or other problems?	
Has your child ever been expelled from a school? If yes please give details:	
Briefly explain why you would like your child to attend HOPE International School	

Please give names and contact details of two people who can give a reference for your child. Usually we require a pastor and a school principal.

Name	Contact details and email address	Relationship to student

STUDENT MEDICAL DETAILS:

Does your child suffer from any of the following:			
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Asthma (see below)	<input type="checkbox"/> Migraine	<input type="checkbox"/> Fits of any type (please specify)
<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Blackouts / fainting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (please specify)

<p>Major Illnesses or Impairments:</p> <p><input type="checkbox"/> Impaired hearing <input type="checkbox"/> Impaired vision <input type="checkbox"/> Impaired speech <input type="checkbox"/> Impaired mobility</p> <p>Illnesses:</p> <p>Allergies:</p> <p>Medications:</p> <p>Allergies to medications:</p>																
<p>Is your child currently immunized against (please tick/check all that apply):</p> <table border="1"> <thead> <tr> <th>Date of immunization</th> <th>Date of immunization</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Measles</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Typhoid</td> <td><input type="checkbox"/> Rabies</td> </tr> <tr> <td><input type="checkbox"/> Chicken Pox</td> <td><input type="checkbox"/> Poliomyelitis</td> </tr> <tr> <td><input type="checkbox"/> Tuberculosis</td> <td><input type="checkbox"/> Japanese Encephalitis</td> </tr> <tr> <td><input type="checkbox"/> Pertussis (Whooping cough)</td> <td> </td> </tr> </tbody> </table> <p>Please submit evidence of immunization.</p>	Date of immunization	Date of immunization	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Rabies	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> Pertussis (Whooping cough)	
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If you have indicated above that your child suffers from asthma:

What medication does your child take at home? _____

What medication does your child carry for asthma at school? _____

Does your child have an asthma management plan? No Yes (if yes, please provide a copy to the school)

What are your child's normal symptoms when they have asthma?

Wheezing Coughing Tightness in chest Difficulty in breathing

Other symptoms: _____

EMERGENCY CONTACT NUMBERS:

In case of an emergency and you are unreachable, the school should contact:

Name: _____ Relationship to family: _____ Phone Number: _____

Name of student's doctor (to be contacted in an emergency):

Clinic Address: _____

Medical Insurance: _____

MEDICAL CONSENT:

I hereby give my consent for the HOPE Staff to administer medication in the event of fever and high temperature.

Parent's signature

Name Printed

Date

APPLICATION CHECKLIST TO PROCESS YOUR APPLICATION, WE REQUIRE THE FOLLOWING:

- Application Form, completed and signed \$100 Application Fee (*non-refundable*)
- A copy of your child's passport (*if s/he does not have one, a copy of birth certificate or official document*)
- A copy of your child's school reports and any standardized testing data for the past two years.
- English translation of any attachment sent with this application.

Your application will be processed within 10 working days.

UPON NOTIFICATION OF A SUCCESSFUL APPLICATION, THE FOLLOWING FEES ARE REQUIRED PRIOR TO ENROLLMENT:

- Deposit of two month's tuition and library deposit in order to secure an enrolment offer Capital Fee

TERMS AND AGREEMENT

BY CHECKING AND SIGNING THIS APPLICATION, I UNDERSTAND THAT:

- My child is expected to abide by the policies and philosophy of education at HOPE International School and will support the implementation of such.
- 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.
- The administration has full responsibility for placing my child in the grade that is most appropriate for their age and their educational needs.
- I understand that HOPE International School does not discriminate in its enrollment practices against any person due to race, creed, gender, nationality or ethnic region.
- I have read the (attached) Statement of Faith. I understand and accept that HOPE International school policies are founded on the Statement of Faith.
- My child is expected to participate in the core curriculum including Christian Perspectives classes, and also to attend services of worship and praise when they are organized by the school.
- I agree to fulfill my financial responsibilities towards HOPE International School.
- I agree and consent to the published school calendar and understand it may not always conform to the Khmer Public holiday schedule.
- I am giving permission for photographs of my children to be used in school publications for promotional purposes, including the school prospectus, newsletter, website, etc.
- I give consent to all my child's information to be stored on Sycamore Education Student database system (www.sycamoreeducation.com) in compliance with the privacy law.

I hereby certify that the facts I have stated in this application are true and complete to the best of my knowledge.

Father's signature

Name Printed

Date

Mother's signature

Name Printed

Date

Please note that for the successful processing of your application, ALL requirements (submitted forms and fees) should be completed. Any incomplete form and unpaid fee will automatically place your application on HOLD.

Statement of Faith

1. We believe in the inspiration of the Bible, that it is without error in the original documents and the final authority in faith, life, and doctrine. (*II Tim. 3:15; II Pet. 1:21*).
2. We believe in one living and true God, eternally existent in Three Persons; Father, Son and the Holy Spirit. (*Gen. 1:1; Matt. 28:19; John 10:30*).
3. We believe God is the creator of all things, giver of all life, all knowing, all-powerful, and all loving. (*Gen. 1:1; Jer. 31:3; Acts 14:15; Heb. 11:3; Isa. 40:28*)
4. We believe in the humanity and deity of our Lord Jesus Christ. (*John 1:14, John 10:33*)
His virgin birth (*Isa. 7:14; Matt. 1:23; Luke 1:35*)
His sinless life (*Heb. 4:14; Heb. 7:26*)
His miracles (*John 2:11*)
His finished work of salvation, including His atoning death on the cross, substituting for us (*I Cor. 15:3; Eph. 1:7; Heb. 2:9*)
His bodily resurrection from death (*John 11:25; 1 Cor. 15:4*)
His ascension to the right hand of the Father (*Mark 16:9*)
His personal return in power and glory (*Acts 1:11; Rev. 19:1*)
5. We believe in the universal sinfulness and guilt of humanity since the Fall through Adam, and that the relationship that God intended all people have with Him has been broken. (*Psalms 53:3; Isa. 53:6; Rom. 3:23*)
6. We believe that forgiveness and salvation of sinful humans is only by the grace of God through faith in the Lord Jesus Christ alone, accomplished through the regeneration of the Holy Spirit. (*John 3: 16 – 19; John 5:24; Rom. 5:8, 9; Eph. 2: 8-10; Titus 3:5*).
7. We believe in the present ministry of the Holy Spirit who indwells and empowers all Christians enabling them to become more like Jesus Christ. (*Rom. 8:13-14; Cor. 3:16; I Cor. 6:19-20; Eph. 4:30; Eph. 5:18*)
8. We believe in the resurrection and judgment of all people; they who have been saved to eternal fellowship with God, and they who are lost to bear the consequences of sin by eternal separation from God. (*John 5:28-29*)
9. We believe that having a saving faith in Jesus Christ unites all Christians as members of the body of Christ, His church, and that we have the responsibility to maintain the unity of the spirit in love. (*Rom. 8:9; I Cor. 12:12-13; Gal. 3:26-28*).
10. We believe that as Christians, we are to be committed to proclaim the gospel throughout the world, demonstrating God's love to all people. (*Matt. 26:18-20*)

CORE VALUES

1. God is the Creator and Sustainer of the universe.

Therefore, an attitude of wonder and gratitude is important as we seek to understand and care for the world around us. (*Gen. 1: 29; Heb. 11: 3*)

2. God's truth is revealed in creation, in the Bible and through Jesus Christ.

Therefore, the pursuit of truth is necessary for developing a high level of understanding knowledge. (*Psalm 19: 1 – 4; 1 Cor. 2: 9, 10; John 16: 13; John 17:17*)

3. God's authority and sovereign power is absolute throughout history.

Therefore, we are to respect the authority that God has delegated to individuals through institutions such as the family, the church, the school and governments.

(*Exodus 20: 2, 3; Eph. 6: 1 - 3; Rom. 13: 1, 2; Heb. 13: 17; James 1: 25*)

4. Each person is uniquely created in the image of God.

Therefore, it is important to recognize the talents, gifts and abilities of every individual in order to encourage the development of personal potential.

(*Gen. 1: 26; Gen. 5: 1, 2; 1 Cor. 12: 7 – 11; Col. 1: 28; Eph. 4: 11 – 16*)

5. All people have been created to have a relationship with God through Jesus Christ.

Therefore, it is important to be restored into a relationship with God, which in turn enables us to develop and maintain healthy and loving relationships with all people.

(*Eph. 2: 8, 9; Rom. 5: 1 – 5; Rom. 12: 9 – 21*)

6. Our earthly and eternal purpose is to honour and bring glory to God.

This will motivate us and provide direction and meaning to all that we do.

(*Matt. 5: 16; John 15: 8; Rom. 15: 6; 1 Cor. 6: 20; Rom. 15: 5, 6; 1 Pet. 2: 12*)

7. A living relationship with God results in a desire to be more like Jesus Christ.

Therefore it is important to allow the Holy Spirit to refine our character, resulting in the demonstration of godly virtues. (*Matt. 5: 3 – 12; Gal. 5: 22, 23; Eph. 5: 1, 2*)

8. Parents have ultimate responsibility for the education of their children.

Therefore it is important to develop a partnership between parents and teachers for the education and nurturing of the children. (*Deut. 6: 4 - 9; Psalm 78: 4 – 6; 1 Cor. 12: 27 & 28.*)

9. Jesus Christ commands us to make disciples of all nations.

Therefore it is important that we respond to this by developing skills and seeking opportunities to share our faith in love, through words and deeds, with all people. (*Matt. 28:19, 20; Deut. 15: 7; Matt. 19:21*)