



# **COVENANT**

INTERNATIONAL SCHOOL

# STUDENT APPLICATION

## **Student Information**

Photo Of Applicant

1 of 3

Full Name (as in passport or ID card)				
Preferred first name			(name friends o	teacher will use)
Gender	☐ Male	☐ Female		
Date of birth				
Blood type with Rh factor				
Student's residential address				
Student's mobile phone number				
Country of birth				
Nationality		Ethnic group/H	ome State:	
Myanmar ID Card No(if applicable):				
Passport No (if applicable):				
If foreign national, list Visa type and No.	Visa:		No.:	
While attending the School, student will r	reside with			
☐ Both parents ☐ Fath	ner	☐ Mother	☐ Guardian/s	
Main Language spoken at home	☐ English	□ Other		
When do you wish your child to start at the	he School?			
In what year level will your child start? (e.	g. Year 1)			
Present School / Most recent School				
Present year level / Year completed				
Religion:		Denomination: _		(optional)
Schooling history:				
· · · · · · · · · · · · · · · · · · ·	- ut - u		Veere	Full-time
Name of Schools/Childcare/Kinderga previously attended	arten	Year Levels	Years (e.g. 2000 – 2005)	
previously attenued			(e.g. 2000 – 2005)	or part-time
	I		i l	1

## **Student Learning and Development**

Does your child have a special need which may impact learning?	Yes	No		
If yes, please identify type.				
ADD/ADHD				
Anxiety Disorder				
Auditory Processing Difficulty				
Autism/Asperger's Syndrome				
Dyslexia				
Eating Disorder				
Foetal Alcohol Syndrome				
Hearing Impairment				
Intellectual Impairment				
Learning Difficulty				
Mental Health Concerns				
Non Verbal Learning Disorder				
Post-Traumatic Stress Disorder				
Physical Impairment				
Reactive Attachment Disorder				
Social/Emotional				
Self-Harm				
Speech/Language Difficulty				
Vision Impairment				
Other (please give details)				
If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment? Please attach details.				
Has a specialist ever assessed the student for exceptional development, learning or be characteristics?	havioural □ Yes	□ No		
If yes, please give details and attach any related documentation				

	•	led, expelled or excluded from another		,
			☐ Yes	□ No
f yes, pleas	se give details?			
-	r child ever been involved drugs, alcohol or tobacco	l in disciplinary action resulting from inv	volvement in/with bully	ing,
igiitiiig,	drugs, alcohol of tobacce	o usuge:	☐ Yes	□ No
yes, pleas	se give details?			
Are ther	e any other facts that the	School should know about your child?	☐ Yes	□ No
f yes, pleas	se give details?			
Co	ommunity Service	Singing	Tennis	
			Badminton	
Le	adership	Chess	Dadminton	
	adership udent Council	Chess Information Technology	Volleyball	
St				
St	udent Council	Information Technology	Volleyball	
St:	udent Council hool Yearbook	Information Technology  Graphic Design	Volleyball Softball	
Stu Sc Vis	udent Council hool Yearbook sual Arts	Information Technology  Graphic Design  Basketball	Volleyball Softball Futsal	

## **Physical Development and Health**

Has	your child's physical development been no	☐ Yes	☐ No		
If no,	please give details				
Has your child had a hearing check?					□ No
If yes	s, does your child have any issues and/or need to wear any	device?			
Has	Has your child had a vision check in the last two years? $\ \square$ Yes $\ \square$				
If yes	s, does your child have any issues and/or need to wear lens	ses?			
List	any medication which your child is taking	regularly			
Oth	er important medical information which th	ne School should be a	ware of		
Has	your child been diagnosed with any infect	ious/communicable i	llness or conditio	n? (e.g. tub	erculosis,
Hepatitis C, HIV/AIDS)					□ No
If yes	s, please give details				
Plea	ase provide information for any question to	o which you answer Y	es. Include any a	ction to be	taken if
req	uired. Please attach additional information	where necessary.			
lmn	nunisations	Month	Year		
	DPT (Diphtheria, Pertussis, Tetanus)				
	BCG (Tuberculosis)				
	Polio				
	Hepatitis B				
	Hepatitis C				
	Typhoid				
	MMR (Measles, Mumps, Rubella)				
	Rabies _	<del>-</del>			
	Other				

Does your child suffer from or has your child been diagnosed with any of the following medical conditions?

Condition	Yes	No	Details  Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.
Allergies     Foods     Ointments     Band-Aids/Elastoplast     Penicillin     Other drugs     Anaesthetic     Plants     Animals     Any Other			
Anaphylaxis			
Asthma or respiratory problems			
→ Puffer/Spacer required			
Back, bone, joint or muscular problems			
Behavioural/emotional disorders			
Blood pressure			
Brain or head injury			
Blackouts/Dizzy spells			
Cancer			
Chronic Fatigue			
Convulsions			
Diabetes			
Epilepsy			
Glandular Fever			
Hay Fever			
Heart problems			
Kidney problems			
Migraine			
Phobias			
Skin problems			
Surgical operations			
Tourette Syndrome			
Travel sickness			
Any recent Illness			
Any infectious illness			
G6PD Deficiency			

## **Family Information**

### Person 1 – Responsible for Child's Education and Contact with the School

Relationship to child	☐ Mother	☐ Father ☐ Ot	ther	
Title (Rev/Dr/Mr/Mrs/Ms)				
Full Name				
First name (name most used)				
Home address				
Postal address (If different from home address)				
Home phone no. (Include country and area codes	s)			
Mobile number				
Email address				
Occupation				
Employer category   Private	☐ Public	□ Govt □	Other	-
Workplace		Wo	ork Phone	-
Nationality				
Are there any court orders or legal docur	mentation relat		es No ve details and attach copies of documentatio	on.
Are there any court orders or legal docur First language/ spoken at home	mentation relat			on. —
		If yes, please giv		on. —
First language/ spoken at home		If yes, please giv		on. 
First language/ spoken at home  Understanding of English (Person 1):	 □ English	If yes, please giv	ve details and attach copies of documentation	-
First language/ spoken at home  Understanding of English (Person 1):  Spoken English	☐ English ☐ Good ☐ Good	If yes, please giv  ☐ Other ☐ Some	ve details and attach copies of documentation	on. 
First language/ spoken at home  Understanding of English (Person 1):  Spoken English  Written English  The School has a Christian faith foundation  I share a Christian faith and I am	☐ English ☐ Good ☐ Good on. willing to supp	If yes, please giv  ☐ Other ☐ Some ☐ Some ☐ ort the Christian eth	we details and attach copies of documentation  ☐ None ☐ None ☐ School.	on. 
First language/ spoken at home  Understanding of English (Person 1):  Spoken English  Written English  The School has a Christian faith foundation	☐ English ☐ Good ☐ Good on. willing to supp	If yes, please giv  ☐ Other ☐ Some ☐ Some ☐ ort the Christian eth	we details and attach copies of documentation  ☐ None ☐ None ☐ School.	on.
First language/ spoken at home  Understanding of English (Person 1):  Spoken English  Written English  The School has a Christian faith foundation  I share a Christian faith and I am	☐ English ☐ Good ☐ Good on. willing to supp	If yes, please giv  ☐ Other ☐ Some ☐ Some ☐ ort the Christian eth	we details and attach copies of documentation  ☐ None ☐ None ☐ School.	on. 

### Person 2 - Responsible for Child's Education and Contact with the School Relationship to child ☐ Mother ☐ Father ☐ Other \_\_\_\_\_ Title (Rev/Dr/Mr/Mrs/Ms) Full name First name (name most used) Home address Postal address (If different from home address) Home phone no. (Include country and area codes) Mobile number **Email address** Occupation ☐ Govt □ Other \_\_\_\_\_ Employer category Private ☐ Public Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_ Nationality Are there any court orders or legal documentation relating to this child in regard to Person 2? □ Yes □ No If yes, please give details and attach copies of documentation. First language/ spoken at home ☐ English ☐ Other **Understanding of English (Person 2):** Spoken English Good Some None Written English Good Some None The School has a Christian Faith Foundation. ☐ I share a Christian faith and I am willing to support the Christian ethos of the School. ☐ I do not share a Christian faith but I am willing to support the Christian ethos of the School. I would like to enrol my child with COVENANT INTERNATIONAL SCHOOL. Date Signature \_\_\_\_\_

The primary purpose of collecting this information with regard to parents or guardians of a pupil seeking enrolment at COVENANT INTERNATIONAL SCHOOL is to assist the School in ascertaining whether we are able to provide suitable schooling for your child. Personal or sensitive information is confidential and is stored on a secured database. Failure to disclose accurate information may affect enrolment.

# Other Authorised Adults who may have involvement with the child while at school. Relationship to Child ☐ Mother ☐ Father ☐ Other \_\_\_\_\_ Title (Rev/Dr/Mr/Mrs/Ms) Full name First name (name most used) Home address Home phone no. (Include country and area codes) Mobile number **Email address** Occupation Workplace Work phone number Are there any other details you would like to tell us: **Other Family Members** Other children in the family – not enrolled with the School Name: \_\_\_\_\_\_ age \_\_\_\_\_ Name: \_\_\_\_\_\_ age \_\_\_\_\_ Name: \_\_\_\_\_\_ age \_\_\_\_\_ Name: \_\_\_\_\_\_ age \_\_\_\_\_ Other children in the family - studying at the School Name: \_\_\_\_\_\_ Year Level \_\_\_\_\_ Name: \_\_\_\_\_\_ Year Level \_\_\_\_\_ \_\_\_\_\_\_ Year Level \_\_\_\_\_ Has your family had any previous involvement in the School ☐ Yes □ No If yes, please give details? \_\_\_\_

# **Emergency Contact** (other than parents) Relationship to Child Title Full name First name (name most used) Gender ☐ Female □ Male Home address Home phone number Mobile number **Email address** Occupation Workplace Work phone number Are there any other details/information you would like to /feel you need to tell us:

## **Application Checklist**

Please attach copies of the following information:

Completed application form
Birth Certificate or equivalent (MUST be provided)
2 recent passport-sized photographs (extra)
Copy of Student's Passport / NRC / National ID card (MUST be provided)
Copy of parent's proof of address
Court documents (if applicable relating to custody, if applicable)
School reports (most recent year's records)
Medical information (where needed to support medical care)
Health questionnaire
ESL Assessment (if applicable)
Special Needs documentation/Paediatrician reports/IEP etc. (if applicable)
In-house testing results (where applicable)
Elective subject choice form (secondary students where applicable)
Application fee – 75,000Ks – non-refundable.

### **Enrolment Process**

#### **First Contact**

Contact Us!

- Face to face, phone or email enquiry
- Attend a tour of the School (if possible)
- Attend an information session (where possible)

### Commence the Enrolment Process



- Application can be submitted by post, email or in person
- To ensure a timely enrolment process please include:
- Application form, lodgement fee and suppporting information as per application checklist
- Child's birth certificate, passport and photographs
- Recent reports & relevant information

# Enrolment Consideration



- The School will review the application
- Further testing may be required for some students

### Enrolment Interview



- The School will contact you to arrange a suitable time
- You will meet with a Senior Staff member

# Securing a Placement



- The School will contact you to advise if a place is secured
- Required forms are to be submitted
- Signed enrolment contract to be submitted
- Enrolment Bond\* is paid
- The School will issue you copies of the contract

# Getting Ready for Day 1



- Registrar will arrange a start date with you
- You will receive an information letter and receipt
- Purchase uniforms, books and equipment

<sup>\*</sup>Enrolment Bond (refundable on termination of enrolment with statutory notice) – half year's fees. In final term of enrolment with notice, bond is transferred to operating account in lieu of fees.