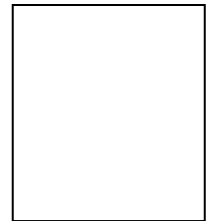




Yangon Academy International School

No. 35B, Tatkatho Yeik Mon Housing, New University Avenue, Bahan Township, Yangon, Myanmar
Phone: (95)1 549 451/ (95)1 557 219 Email: info@yangonacademy.com
Website: www.yangonacademy.com



CHECKLIST

- Completed application form
- Recent passport size photo
- Copy of birth certificate or passport or NRC
- Copy of report cards from previous schools
- Copy of immunization records
- Copy of household member list

Office use only:

Date application received _____

Seat deposit paid Tuition paid

Grade _____ Date starting _____

Application for Admission (School Year 20__ - 20__)

I. PERSONAL INFORMATION

Student's name _____
Last Middle First

Preferred name (if any) _____

Male Female Date of birth ____/____/____
Day Month Year

Address _____

Nationality _____ Place of birth _____

II. EDUCATIONAL AND LEARNING BACKGROUND

Please provide student's transcript(s), report card(s) from previous school(s).

	Country / School Name	Grade/Level	From	To	Language of Instruction
1					
2					
3					
4					

Reason for moving to Yangon Academy _____

Can the student continue studying at the current school? Yes No
If no, please provide details _____

Has the student ever failed any subjects/classes? Yes No
If yes, please provide details _____

Has the student been dismissed or suspended from a school? Yes No
If yes, please provide details _____

Does the student have any learning disabilities or difficulties? Yes No

If yes, please provide details _____

Have there been any events that may affect the student's development? Yes No

Please explain. (e.g. car accident, loss of parent or sibling, illness, divorce)

Student's first language _____ other languages _____

Language(s) spoken (with mother) _____ (with father) _____

Can this student speak English? No Elementary Fair Good

Can this student read English? No Elementary Fair Good

Can this student write English? No Elementary Fair Good

Please indicate any special interests that the student has. (e.g. Art, Music, Drama, Sports etc.)

Please indicate any awards, outstanding achievements that the student has received.

Is the student getting any tuition in addition to the school lessons? Yes No

If yes, please indicate in which subjects.

OTHER CHILDREN IN THE FAMILY (List from eldest to youngest, including the applicant's name in the appropriate position.)

Name	Birth Date DD/MM/YY	Gender M/F	Applying to Yangon Academy?	If yes, grade level	Current school (where?)
1)					
2)					
3)					
4)					
5)					

**Please sign if you allow Yangon Academy to use your child's photograph in any school publication.
Yangon Academy will not sell or use the students' photographs for commercial purpose.**

Signature

III. PARENT/GUARDIAN INFORMATION

Father's name _____ Nationality _____

Address if different from student _____

Father's first language _____ other languages _____

Home phone _____ Mobile _____

Office phone _____ email _____

Father's occupation _____ Company's name _____

Mother's name _____ Nationality _____

Address if different from student _____

Mother's first language _____ other languages _____

Home phone _____ Mobile _____

Office phone _____ email _____

Mother's occupation _____ Company's name _____

With whom does this student live?

- Both parents Father only Mother only Guardian

If guardian, please provide name _____

Address _____

Guardian's first language _____ other languages _____

Home phone _____ Mobile _____

Office phone _____ email _____

Guardian's occupation _____ Company's name _____

Please provide an emergency contact name and number (other than father/mother/guardian)

Name _____ Relationship to the student _____

Phone number _____ email _____

IV. HEALTH INFORMATION

Medical History	Yes / No	Date	Underlying Cause / Follow-up / Result
High Fever			
Convulsion/Fits			
Epilepsy			
Loss of Consciousness			
Asthma			
Heart Problems			
Eyes/Vision Problems			
Ears/Hearing Problems			
Tuberculosis			
Hepatitis			
Dengue Fever			
Rheumatic Fever			
Pneumonia			
Diabetes			
Chronic Infections			
Food Allergies			
Medication Allergies			
Other			

Do you allow Yangon Academy for giving medications (Tylenol, Panadol, Ibuprofen, Nurofen) to your child?

Yes No

Does your child need regular medication during the school day? Yes No

If yes, please send a permission slip and directions for giving the medication.

Has your child ever undergone any surgery? Yes No

If yes, please provide details _____

What is your child's blood type? _____ Type _____ RH factor

Are there any issues or concerns, such as psychological/medical treatment or conditions, which the school should be aware of? Yes No

If yes, please explain: _____

V. IMMUNIZATIONS REQUIREMENTS

Yangon Academy's intent is to provide the school environment as free from dangerous infectious diseases as possible. Parents are required to provide a written history of the child's vaccinations and inoculations at the time of application for admission to Yangon Academy. The parents will be asked to submit their child's immunization and inoculation records at the time of enrollment. If records of completed immunization have not been provided within 45 days after the student's first day of school, parents will be notified and the child will be excluded from the school, until the documentation is provided to the Principal's Secretary.

A student whose immunizations are incomplete can be conditionally enrolled. At the time of enrollment, the student must provide documented proof of having received at least one dose of the required immunizations and a schedule of completion for the required doses.

IF THERE IS FAILURE TO COMPLY WITH THIS POLICY, THE STUDENT SHALL BE EXCLUDED FROM THE SCHOOL.

<i>Immunization</i>	<i>Minimum requirements, Number of doses</i>
1. Diphtheria, Tetanus, Pertussis	Minimum of 5 doses with one after 4 years of age. Tetanus booster every 10 years thereafter.
2. Poliomyelitis	Minimum of 4 doses with one after 4 years of age. Booster 10 years thereafter.
3. Measles, Rubella, Mumps	1 dose at 12 to 18 months with second dose at 4-6 years
4. Hepatitis B	3 doses - usually one month apart from the 2 nd injection and 5 months for the 3 rd
5. Hepatitis A	2 doses – 2 nd dose to be given 6-12 months after 1 st dose
6. Recommend that each student has a yearly test for TB if not immunized with BCG.	

VI. PICK UP AUTHORIZATION

I/We _____ the parent(s), guardian(s) of _____, a student at Yangon Academy in Grade _____

authorize the following individuals to pick up my child from school:

	Name	Telephone Number	Relationship
1			
2			
3			
4			

I understand that my child **WILL NOT** be released to anyone other than those listed above, unless I/we call and advise the school and, or provide a signed note granting permission to the bearer.

Signature

Date

Grade placement will be decided by the Principal.

Student's name _____

Grade _____

Student will be evaluated in the assigned class by the teacher to confirm if the placement is appropriate. The placement is provisional and it is for one year. The school reserves the right to deny continuation for the following year without any stated reason.

Principal's signature

Date

VII. AGREEMENT

I hereby make an application for admission of the above named student to Yangon Academy. I agree to adhere to all rules and regulations of Yangon Academy, including but not limited to the following;

- 1) That the grade placement is the prerogative of the school.
- 2) That school fees will be paid upon entry and before the beginning of each billing period.
- 3) That my child will attend school **on time** and **regularly**. I shall call the school office the morning of my child's absence and then provide the Principal/Teacher a written explanation whenever he/she is absent due to illness.
- 4) That I will maintain a liaison with the school in matters of homework, discipline, etc., concerning my child.
- 5) That my child will participate in all school sponsored functions and field trips, away from the main campus.
- 6) That my child will participate in all school classes including P.E. unless there is a sound medical reason that they may not. (A letter from doctor is required.)
- 7) That I will do the best of my/our ability to respect the school calendar and plan my/our vacations around my child's schedule.
- 8) I will inform the school as soon as possible in writing, anytime I remove my child from school for any length of time. I/We will ensure that the work provided for my child during any absence will be completed and returned to the teacher upon his/her return to school.
- 9) In the event of the school being unable to contact me, I consent that the school may arrange such medical treatment as may be deemed necessary for my child.

Parent's/Guardian's signature

Date

ALL fields must be completed for the application to be processed.