



STUDENT APPLICATION FORM

Family Name:	First Name:	Middle Name:	OFFICE USE ONLY:	
			Year Group	
			ESL Grade	

Date of Birth: ____ / ____ / ____ Day / Month / Year	Citizenship:	Passport Number (please attach a photocopy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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CONTACT INFORMATION:

Residential Address:	City:	State / Province:	Country:
Mailing Address:			
Mobile Phone:	Home Phone:	Office Phone:	E-mail Address:

FAMILY DETAILS:

Who does the student live with?			
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (please specify):
Parent Names and Occupation:			
Father's Name	Father's Occupation	Mother's Name	Mother's Occupation
Parent employer / Mission Organization:			
Employer's Mailing Address:	Office Phone:	E-mail Address:	

Profile Statistics (please tick/check as appropriate):	
<input type="checkbox"/> Member Mission	<input type="checkbox"/> Cambodian Christian
<input type="checkbox"/> Expatriate Christian Mission	<input type="checkbox"/> Cambodian non-Christian
<input type="checkbox"/> Expatriate Christian	<input type="checkbox"/> HOPE Teacher
<input type="checkbox"/> Expatriate non-Christian	

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

Job Category (please tick/check as appropriate):

<input type="checkbox"/> Mission	
<input type="checkbox"/> Church Planting	<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"/> Professional	
<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): _____

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

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

Briefly explain why you would like your child to attend HOPE International School:

How many years do you plan for your child to attend HOPE International School? _____

What do you believe are your child's talents and gifts? _____

Which language is spoken at home? _____

Which other language does your child speak? _____

Which is your child's most familiar language? _____

STUDENT'S EDUCATIONAL HISTORY:

Has your child attended an international school before? No Yes (if yes, please indicate in detail the schools attended, school address, grade level and school years attended):

Has your child ever been referred for educational or psychological testing? No Yes

If yes, please explain: _____

Has your child ever had any educational or psychological testing? No Yes

If yes, please give the name of the test and the date administered: _____

Has your child ever been placed in any type of program at school or outside of school due to learning, behavior, emotional or drug problems? No Yes

If yes, please describe: _____

Do you think your child should be screened or tested for placement in the HOPE Special Needs Program? No Yes

If yes, please explain: _____

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)	

Major Illnesses or Impairments:

<input type="checkbox"/> Impaired hearing	<input type="checkbox"/> Impaired speech
<input type="checkbox"/> Impaired vision	<input type="checkbox"/> Impaired mobility

Illnesses: _____

Allergies: _____

Medications: _____

Allergies to medications: _____

Is your child currently immunized against (tick/check all that apply):	
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)	
Evidence of immunization to be presented, please.	

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: _____

FOR PRE-SCHOOL PARENTS ONLY:

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

Parent's signature

Date

APPLICATION CHECKLIST

TO PROCESS YOUR APPLICATION, WE REQUIRE THE FOLLOWING:

- Application Form, completed and signed
- \$50 Application Fee (*non-refundable*)
- A copy of your child's passport (*if s/he does not have one, a copy of birth certificate or other official means of identification*)
- A copy of your child's school records, if available.
- 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 one month's tuition
- One month **advance** payment on tuition
- Capital Fee

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.

If the application is withdrawn within 10 working days prior to the agreed enrollment date, only the Capital Fee and one month advance payment on tuition will be returned in full. A 10% Processing Fee will be deducted from the deposit.

TERMS AND AGREEMENT

IN SIGNING THIS APPLICATION, I UNDERSTAND THAT:

1. I am will to have my child abide by the policies and philosophy of education at HOPE International School and will support the implementation of such.
2. 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.
3. The administration has full responsibility for placing my child in the proper grade
4. 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.
5. I have read the (attached) Statement of Faith. I understand and accept that HOPE International school policies are founded on the Statement of Faith.
6. I agree to have my child participate in bible study classes as part of the core curriculum, and also to attend services of worship and praise when they are organized by the school, at the school.
7. I agree to fulfill my financial responsibilities towards HOPE International School.
8. I give permission for photographs of my children to be used in school publications for promotional purposes, including the school prospectus, newsletter, website, etc.

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 over printed name

Date

Mother's signature over printed name

Date

References:	Address:	Phone:	E-mail Address:
1.			
2.			
3.			

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; I 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*)