



# Canadian International School of Phnom Penh Admissions

The Canadian International School of Phnom Penh welcomes students from all over the world and accepts students based on their academic skills and social readiness. Applications for admissions to CIS are accepted throughout the academic year.

## Step 1 - Application

The following documents are required to be completed in full before an application can be processed.

1. Completed and signed '**Application Form**'
2. Completed and signed '**Health Questionnaire**'
3. Completed and signed '**Parent Agreement**'
4. Application fee
5. Copy of student's passport
6. Copy of student's birth certificate
7. Copy of parents'/guardians' passports
8. Three passport-sized photographs of student **AND** parents/guardians for ID cards
9. For all grades until G9: Original report card (translated in English) from the past two years for students who have previously attended school.  
\***For G10 and above:** Academic reports from the past two years, School Profile and Official Transcripts (If Accepted) (All documents need to be translated in English).
10. Proof of immunization - must be copied and attached
11. Recommendation for Admission document - must be completed by the student's current Homeroom Teacher and sent to the school via email (admissions@cisp.edu.kh)

## IMPORTANT NOTICE

Admission files cannot be processed, nor can students be placed on waiting lists, until all of the above mentioned materials have been submitted to the Admissions Officer. Should any information prove to be false, CIS may terminate the application.

## Step 2 - Student Interview & Assessment

Upon completion of the application and receipt of the application fee, an appointment will be made for an admissions test to determine student placement.

## Step 3 - Acceptance

Parents will be notified of acceptance or rejection after the completion of Steps 1 & 2.

Should you have any questions, please contact us.



# Canadian International School of Phnom Penh APPLICATION FORM

Personal Information: Student				
<b>Legal Name</b> Family Name/Surname			First Name	Middle Name (if applicable)
<b>Preferred Name</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (dd/mm/yyyy)</b>	<b>Current Age</b>	
<b>Nationality(ies)</b>	<b>Passport Number</b>	<b>Country of Issue</b>	<b>Expiration Date</b>	
<b>Current Address</b>		<b>Address in Phnom Penh</b>		

Attach student  
photo here  
4cm x 6cm

<b>Requested Entry Date</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Month/Year _____		<b>Anticipated Length of Stay in Phnom Penh</b>		
<b>Current Curriculum/Academic Program</b> <input type="checkbox"/> Canadian <input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> IB <input type="checkbox"/> Other (specify): _____				
Last grade completed: _____		When did the school year end (mm/yyyy)? _____		
Current grade: _____		Grade applying for: _____		
<b>Is your child a returning CIS student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' in what grades and years did he/she attend CIS: _____				
<b>How did you hear about CIS?</b> <input type="checkbox"/> Friend <input type="checkbox"/> Family member <input type="checkbox"/> Advertisement <input type="checkbox"/> Social media <input type="checkbox"/> Other (specify): _____ Name of family member or friend who referred you: _____				
<b>Who will pay the school fee?</b> <input type="checkbox"/> Parent/Guardian 1's employer <input type="checkbox"/> Parent/Guardian 2's employer <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Other (specify): _____				
<b>An English translator is needed for:</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent(s)/Guardian(s)		<b>From which language (choose one):</b> <input type="checkbox"/> Mandarin <input type="checkbox"/> Khmer <input type="checkbox"/> French <input type="checkbox"/> Other (specify): _____		

Personal Information: Parent(s) / Guardian(s)					
<small>* Note that each family must have at least one working email address that is checked regularly.</small>					
<b>Parent/Guardian 1</b> Family Name			<b>Parent/Guardian 2</b> Family Name		
First Name		Middle Name (if applicable)	First Name		Middle Name (if applicable)
<b>Relationship to Student</b>	<b>Nationality(ies)</b>		<b>Relationship to Student</b>	<b>Nationality(ies)</b>	
<b>Passport Number</b>	<b>Country of Issue</b>	<b>Expiration Date</b>	<b>Passport Number</b>	<b>Country of Issue</b>	<b>Expiration Date</b>
<b>Will you be a legal resident in Phnom Penh?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Valid Visa Number</b>	<b>Valid ID number</b>	<b>Will you be a legal resident in Phnom Penh?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Valid Visa Number</b>	<b>Valid ID Number</b>
<b>Address in Phnom Penh</b>			<b>Address in Phnom Penh</b>		
<b>Personal Mobile Number</b>	<b>Personal Email Address*</b>		<b>Personal Mobile Number</b>	<b>Personal Email Address*</b>	
<b>Employer</b>	<b>Position</b>		<b>Employer</b>	<b>Position</b>	
<b>Business Address</b>			<b>Business Address</b>		
<b>Business Telephone Number</b>	<b>Business Email Address*</b>		<b>Business Telephone Number</b>	<b>Business Email Address*</b>	

The school will consider that the above persons will have access to the student. Do you want special access arrangements put in place?  Yes  No

## Additional Family Members

<b>Family Member 1</b>			<b>Family Member 2</b>		
Family Name	First Name	Middle Name (if applicable)	Family Name	First Name	Middle Name (if applicable)
<b>Relationship to Student</b>			<b>Relationship to Student</b>		
<b>Mobile Number</b>			<b>Mobile Number</b>		
<b>Email Address</b>			<b>Email Address</b>		

The school will consider that the above persons will have access to the student. Do you want special access arrangements put in place?  Yes  No

- Student's Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_
- Parent/Guardian 1's Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_
- Parent/Guardian 2's Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_
- Language(s) Spoken at Home: \_\_\_\_\_
- Is your child currently enrolled in an English-language support program at school?  Yes  No
- Has your child ever been enrolled in an English-language support program at school?  Yes  No

## Additional Information: Student

Please check either 'Yes' or 'No' to the following questions. Your answer to these questions will not necessarily affect your child's admissibility, but may help us choose the best placement for your child.

- Has your child ever skipped a grade level?  Yes  No If 'Yes', please indicate grade(s) \_\_\_\_\_
- Has your child ever been in a gifted program?  Yes  No If 'Yes', please indicate grade(s) \_\_\_\_\_
- Has your child ever been retained (repeated a grade)?  Yes  No If 'Yes', please indicate grade(s) \_\_\_\_\_
- Does your child have any specific learning needs?  Yes  No

If 'Yes', provide details and attach supporting documentation: \_\_\_\_\_

- Have previous schools ever made you aware of any learning and/or behaviour difficulties?  Yes  No

If 'Yes', provide details and attach supporting documentation: \_\_\_\_\_

- Does your child have any special medical concerns or conditions?  Yes  No

If 'Yes', please provide specific information on the *Student Health Questionnaire*.

## Student Academic Profile (please list all schools attended, from most recent)

School Name	City/Country	Dates Attended (from/to)	Grade Level	Language of Instruction	Curriculum

## Personal Information: Other Children In The Family

Name	Date of Birth (dd/mm/yyyy)	Current School	Grade Level	Applying to CIS? (Yes/No)

## Language Selection (please choose one)

All students proficient in English study a second language. Please choose one of the following language learning paths. Please note the language class selection is based on availability.

<p>1. Second language class (40 minutes per day for students to learn another language).*</p> <p>Students can choose from: Mandarin, French, or Khmer.</p> <p>Please indicate your language class preference in order:</p> <p>1. _____ 2. _____ 3. _____</p> <p>* Note that admission to any additional language class is subject to an assessment by our instructors of the student's English. Students not yet sufficiently proficient in English will be put into English Language Learners (ELL) class at an additional cost.</p>	or	<p>2. Bilingual program (40% of the school day for students already proficient in English and to build proficiency in Mandarin or French)*:</p> <p><input type="checkbox"/> English-Mandarin      <input type="checkbox"/> English-French</p> <p>* Note that admission to the bilingual program is subject to an assessment by our language instructors. Final placement is decided by the Principal.</p>
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## Other School Services

- |   |   |   |
|---|---|---|
| 1. Lunch:                                       | <input type="checkbox"/> Parent/Guardian provided | <input type="checkbox"/> School provided (fees apply) |
| 2. School bus transportation:                   | <input type="checkbox"/> Parent/Guardian provided | <input type="checkbox"/> School provided (fees apply) |
| 3. Chromebook (required for Grade 6 and above): | <input type="checkbox"/> Parent/Guardian provided | <input type="checkbox"/> School provided (fees apply) |

## Special Note

I/we, the undersigned Parent(s)/Guardian(s) of the Student, hereby declare(s) that all the information provided in this application relating to the child and the child's health and immunization history are accurate, current, truthful and complete to the best of my/our knowledge. I/we understand that incomplete or inaccurate information may lead to my/our child not being accepted or invited to continue as a student at CIS.

The school may terminate enrolment at the school if it determines that a child becomes a danger to himself/others or that the school cannot support his/her learning.

Signature(s):

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)



# STUDENT HEALTH QUESTIONNAIRE

Please provide any information on medical conditions or concerns of which CIS should be aware.

## Student Personal Information

<b>Legal Name</b>				
Family Name/Surname		First Name	Middle Name (if applicable)	Preferred Name:
<input type="checkbox"/> Male	<b>Date of Birth (dd/mm/yyyy)</b>		<b>Religion (if any)</b>	
<input type="checkbox"/> Female				

## Student Medical History

1. Please describe any medical condition(s) or health history (past and recent) of which CIS should be aware. Please also attach relevant documentation, if any.

\_\_\_\_\_

\_\_\_\_\_

2. Does your child take any form of medication (oral or injected)?  Yes  No

If 'Yes,' please provide full details and attach relevant documentation, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this medication been taken? Since (mm/yyyy): \_\_\_\_\_

**Please note: The school will not administer any medication without the express consent of a parent or guardian. If you wish to have medication administered to your child at school, arrangements must be made in advance and a signed *Medical Administration Form* must be provided.**

3. Does your child have any special foods allergies or special food considerations?  Yes  No

If 'Yes,' please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any vision problems?  Yes  No

If 'Yes,' please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. When was your child's vision last checked (dd/mm/yyyy)? \_\_\_\_\_

6. Does your child have any hearing issues?  Yes  No

If 'Yes,' please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has your child seen a dentist in the last year?  Yes  No

8. Does your child have any physical disabilities?  Yes  No

If 'Yes,' please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Medical Instructions

1. In case the parent(s) or guardian(s) are not reachable in a medical emergency, please indicate the details of additional contacts:

<b>Emergency Contact 1</b> Full Name:	Relationship to student/family:	Phone number:
<b>Emergency Contact 2</b> Full Name:	Relationship to student/family:	Phone number:

2. Special medical emergency instructions? Please provide specific information, phone numbers, etc. \_\_\_\_\_  
\_\_\_\_\_

3. Preferred doctor? Please provide full name, contact information, etc. \_\_\_\_\_  
\_\_\_\_\_

4. Preferred hospital or clinic? Please provide name, address, contact information, etc. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)



# PARENT AGREEMENT

- The parent(s) and student(s) will abide by the school's established policies and procedures.
- The parent(s) should arrange comprehensive medical and accident insurance for their child.
- The parent(s) grants permission to CIS to obtain emergency medical treatment for the student in the event that the parent cannot be contacted and will reimburse the school for the cost of any treatment if there is no accident coverage.
- The parent(s) understands that individual academic or diagnostic testing may be requested as necessary to foster the student's academic progress. Parents will be asked to complete the testing at their own cost.
- The parent(s) understands that classes may take field trips to take advantage of cultural and environmental resources in Cambodia as part of a rich educational program. Staff members and other responsible adults will accompany them to supervise the activity and will exercise all reasonable caution to maintain the safety of the students. However, the parent(s) agrees that the school cannot accept liability for accidents, either on route or at the activity of the outing itself. Parents will be notified in advance of any such activities and will be asked to sign a permission form.
- The parent(s) understands that school recess activities occur in their child's academic studies on the school premises. Staff members and other responsible adults will exercise all reasonable caution and supervision while on the school campus. However, the parent(s) agree that the school cannot accept liability for accidents during the activity itself, on the school grounds.
- The parent(s) gives the school permission to use the student's picture in print, or in digital promotion for the school. No names will be released.
- The parent(s) acknowledges that a 40% refund on **tuition only** may be obtained if the school receives written notice before September 30th of the school year that the child will be leaving the school. No refund is available beyond that date.
- The parent(s) understands that verbal and written communication with the school and teachers will be in English.
- Parents must pick up students on time. Charges of \$15 per hour will be enforced after 3 reminders.
- All invoices must be paid on time. Parents will be sent reminders.
- Additional charges will be applied to overdue accounts. Accounts in the arrears may result in withdrawal of your child(ren).

**Please Note: Incomplete or inaccurate information may prevent the student's enrolment in the school.**

I certify that all information provided to CIS is accurate and agree to comply with all of the above.

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)



# RECOMMENDATION FOR ADMISSION

This form is confidential and should be completed by the student's current or previous homeroom teacher. Please email directly to: [admissions@cisp.edu.kh](mailto:admissions@cisp.edu.kh) once completed.

## Information: Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_

## Information: Homeroom Teacher

Please fill out the following personal information and the questionnaire regarding the student.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long has the student attended their current school? \_\_\_\_\_

2. Is the student meeting outcomes at grade level?  Yes  No

If 'No', please provide further information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the student's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are there any social or emotional areas that this student might find difficult or challenging?  Yes  No

If 'Yes', please provide more details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

