CISM

Crane International School Myanmar

STUDENT ENROLLMENT FORM

REGISTRATION NUMBER:
(OFFICIAL USE ONLY)

Please fill form in BLOCK *letters.*

1. Name: _____

2. Date of Birth: DD / MM / YY

3. Class/Grade Last Attended: _____

4 School Last Attended: _____

5. Name of Father / Guardian: _____

Name of Mother: _____

RECENT PHOTO

6. Residence Address: _____

Parent's Business Address: _____

7. Course applied for:
Please check the appropriate box. ☑

☐ **Regular Day School** ☐ **ESL Classes**

☐ **Weekend Classes**

8. Telephone Numbers
In case of ***Emergency***: _____
In case of ***Routine***: _____

Signature: _____ Date: DD / MM / YY

(OFFICIAL USE ONLY)

1. Enrolled in Grade: _____
2. Enrolled By: _____
3. Date: _____
4. Fee: _____
5. Payment Cash Receipt Number: _____
6. Remarks: _____

APPROVED BY:

_____
DIRECTOR

1 Taw Win Cherry Estate, Win Hlaing Street, Off Mindama Road, Yangon 11061, **Union of Myanmar** Phone : 655 818 / 655 828

CISM

Crane International School Myanmar

STUDENT DRUG & EMERGENCY MEDICAL ATTENTION AGREEMENT FORM

REGISTRATION NUMBER: | | | | | | | | | |
(OFFICIAL USE ONLY)

Please fill form in BLOCK *letters.*

1. Name: _____

2. Date of Birth: DD / MM / YY

3. Present Grade: _____

4. (A) Father's Name: _____

   (B) Mother's Name: _____

5. Residence Address and Contact Number: _____

_____

_____

DRUG POLICY

I, the undersigned, understand the School's Drug Policy set out in the Student/Parent Handbook and hereby agree to the School's decision to have my child tested for drug abuse by means of urinalysis at random or on suspicion of drug use.

Signature: _____ Date: DD / MM / YY

Name: _____ Relationship: _____

EMERGENCY MEDICAL ATTENTION

I, the undersigned, hereby give permission to the School to provide emergency medical care to my child in case I, the parent/guardian, could not be reached in time and where any delay might result in increased risk of further damage to the child.

Signature: _____ Date: DD / MM / YY

Name: _____ Relationship: _____

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