



Student Enrolment Form 2017-2018

Thank you for your interest in seeking enrolment in the International French School of Kathmandu

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application form, please ask for assistance to the administration officer at EFIK. You are welcome to provide further information on an attached sheet.

The school will notify you of the results of your application. The information you have provided will be used by the school for student enrolment and to prepare student administrative files. All information provided will be kept confidential. We will not disclose your personal information to a third party without your consent, unless we are required or authorised to do so by law or other regulation.

SECTION 1 - STUDENT DETAILS

Family name (as stated in passport)		Given names (as stated in passport)										
Date of birth (dd/mm/yyyy) / /	Passport number	Nationality										
Country of birth	Gender Male Female											
Attending school only mornings whole day		Expected length of stay in Kathmandu										
Intended start date (dd/mm/yyyy) / /												
Into which year are you seeking to enrol the student ? Please mark only one box. To understand the equivalence between school systems, please refer to annex.												
TPS	PS	MS	GS	CP	CE1	CE2	CM1	CM2	6 ^{ème}	5 ^{ème}	4 ^{ème}	3 ^{ème}
School attended last year first schooling other school (specify name of the school, country and attended class)												
Date of attendance in previous school (dd/mm/yyyy) from / / to / /												
Does the student has already studied French ? yes no				Does the student has already studied English ? yes no								

STUDENT ENROLMENT FORM



SECTION 3 - MEDICAL INFORMATION

Student blood group

Notes on student's health (allergies, asthma, prohibited medicines, etc.)

Date of the latest tetanus vaccination

/ /

(to be effective, this vaccination needs to be repeated every 5 years)

Has your child received the following vaccinations ? (optional)

	yes	no	Date of the last injection	/	/
BCG (<i>Tuberculosis</i>)					
DTP (<i>Diphtheria, Tétanus, Polio</i>)					
HiB (<i>Haemophilus influenzae of type B</i>)					
MMR (<i>Measels, Mumps, Rubella</i>)					
TB (<i>tuberculosis</i>)					
Typhoid					
Rabies					
Méningitis					
Hépatitis A					
Hépatitis B					
Japanese encephalitis					
Yellow fever					
Other (<i>specify</i>)					

Name of doctor in Nepal

Phone Number

+

Name of doctor abroad

Phone Number

+

I, undersigned _____, legally responsible for the child _____, authorize the director of the school or the deputy, to take all the necessary measures in case of an accident, among them, the most appropriate means of transport to the appropriate clinic (CIWEC, Poly Advance Clinic, Norvic Escort Hospital, etc.).

The family will be immediately informed by the school

Date (dd/mm/yyyy)

/ /

Signature (compulsory)

SECTION 4 - POWER OF ATTORNEY

In the event of an earthquake and only if the parents or legal responsible cannot be contacted, EFIK administration will contact the person mentioned below. This person will take whatever necessary action to ensure the safety of the student, including but not limited to the following : give psychological comfort, shelter and accompany the student to a more secure location if necessary, authorize a life-saving or urgent medical procedure, etc. By signing this document, I absolve the International French School of Kathmandu of all responsibility from the moment that the person mentioned takes charge of the student.

Full name of the person who received the power of attorney

Mobile Phone Number

Email address

+

SECTION 5 - ADDITIONAL INFORMATION

SPORT ACTIVITIES : I authorize my child to participate in sport activities and I declare that to my knowledge my child is of good health to participate in sport.

yes no (attach a medical certificate if needed)

GLASSES : If my child is wearing glasses, he/she needs to wear them:

only in the class all the time (during break time, etc.) no

SCHOOL INSURANCE

The International French School of Kathmandu subscribes for all pupils a "liability and personal accident" insurance. Families will receive a copy of the contract in September or at the time of registration.

PARTICIPATION IN SCHOOL ACTIVITIES

I authorize my child to participate in the activities organized by the school, including those which are outside of the school premises (swimming, museum visit, etc.)

I do not authorize my child to participate in the activities outside of the school premises (swimming, museum visit, etc.)

Families will be informed in advance about each field trip (regular or occasional)

CIRCULATION OF PERSONAL DETAILS

I authorize the director of the school to pass on my details (address, email, and telephone numbers) to other families of the school upon request (organizing birthday, etc.):

yes no

SECTION 6 - REGISTRATION FOR CANTEEN AND SCHOOL TRANSPORTATION

CANTEEN :

yes, 4 days a week yes, 5 days a week (with Wednesday) no

SCHOOL TRANSPORTATION :

Yes* Mornings & Evenings Yes* only Mornings Yes* only Evenings no

*Please provide us as soon as possible a map of your home address (Google maps, GPS coordinates, drawing on free paper, etc.). The school will contact you inform you about the schedule and the pickup/drop off point.

SECTION 7 - ACCEPTANCE OF SCHOOL REGULATIONS

I, undersigned _____, legally responsible for the child _____, certify that the information given to school are true and accurate.

I hereby certify that I have taken note and accepted the current internal rules and regulations and the financial regulation of the school.

Date (dd/mm/yyyy)
/ /

Signature (compulsory)

SECTION 8 - CHECKLIST

PLEASE CHECK TO ENSURE YOU HAVE ATTACHED THE FOLLOWING TO YOUR APPLICATION

Copy of passport and current visa of the student.

Copy of passport and current visa of the parents/legal guardians.

Certified and translated copy of the student's birth certificate, or family register, or passport pages with personal particulars.

Official medical certificate completed by the physician of your choice.

Map/GPS coordinates of your home location (if you register to school transportation).

Send application form and certified documents to secretariat@efiktm.com

ANNEXE - EQUIVALENCE BETWEEN SCHOOL SYSTEMS

Age of child	French system	UK system	US system	Nepal system
2 years old	TPS			
3 years old	PS	Nursery	Nursery	Nursery
4 years old	MS	Reception	Lower Kindergarten	Junior KG
5 years old	GS	Key stage 1, year 1	Upper Kindergarten	Senior KG
6 years old	CP	Key stage 1, year 2	1st grade	Grade 1
7 years old	CE1	Key stage 2, year 3	2nd grade	Grade 2
8 years old	CE2	Key stage 2, year 4	3rd grade	Grade 3
9 years old	CM1	Key stage 2, year 5	4th grade	Grade 4
10 years old	CM2	Key stage 2, year 6	5th grade	Grade 5
11 years old	6ème	Key stage 3, year 7	6th grade	Grade 6
12 years old	5ème	Key stage 3, year 8	7th grade	Grade 7
13 years old	4ème	Key stage 3, year 9	8th grade	Grade 8
14 years old	3ème	Key stage 3, year 10	9th grade	Grade 9

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