



AUSTRALIAN INTERNATIONAL SCHOOL

Joarshahara, (Purbachal 300 feet Road), Khilkhet, Dhaka, Bangladesh

Phone : 01711567236, 01713486813, 01762001083

www.ausisdhaka.net

ADMISSION INFORMATION FORM

CHILD'S INFORMATION

Family Name

Given Name(s)

Date of Birth
Date Month Year

Gender Male / Female

Religion

Nationality

Birth Certificate

Passport Number

Address

OFFICE USE ONLY

Enrolled in:

EC	F	PP	Y-1	Y-2
Y-3	Y-4	Y-5	Y-6	Y-7
Y-8	Y-9	Y-10	Y-11	Y-12

Term / Session

Attach 1 Recent
Passport Sized

Photograph
of Applicant

EC, F, PP must turn Age 3,4 & 5 respectively by Sep. 15th and
Yr-1, Yr-2 & Yr-3 must turn Age 6, 7 & 8 respectively by Dec. 31st

SIBLINGS INFORMATION

Number of Other Siblings Attending AusIS

Name	Enrolled in
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Submitted Documents:

Birth Certificate	Y	N
Passport	Y	N
Immunization Certificate	Y	N
Additional Medical Certificate	Y	N

PARENT INFORMATION

Father's Name

Nationality

Occupation

E-mail Address

Home Phone

Mobile Number

Work Phone No.

Mother's Name

Nationality

Occupation

E-mail Address

Home Phone

Mobile Number

Work Phone No.

EMERGENCY CONTACT INFORMATION

Name

E-mail Address

Name

E-mail Address

Relation

Mobile Number

Relation

Mobile Number

PREVIOUS SCHOOL INFORMATION

SCHOOL NAME

SCHOOL NAME

Attendance Date

Attendance Date

OTHER INFORMATION

Any Other Information/Custody etc.

EMERGENCY AUTHORITY

In the case of an emergency or if the listed contacts are not available, the AusIS School Authority or Designee should take my child to _____ (e.g. UNITED / APOLLO) HOSPITAL directly.

Signature: _____

Date: _____



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MEDICAL INFORMATION

CHILD'S INFORMATION					
Full Name					
Date of Birth				Gender:	Male / Female
	Date	Month	Year		

(a) Please indicate if your child has had any of the following:

Condition/Disease	Yes	No	Date	Comment
Meningitis				
Scarlet Fever				
Mumps				
Whooping Cough				
Tuberculosis				
Diabetes				
Rheumatic Fever				
Diphtheria				
German Measles				
Poliomyelitis				
Chicken pox				
Epilepsy				
Heart Disease				
Kidney Disease				

If you have answers YES in any of the above, a Physician's report is required.

(b) Please Specify:

Any allergies or asthma (include food or drug allergies)	
Any serious injuries or surgeries	

Does your child take any medicine regularly? YES / NO

If YES please furnish the following:

Name of Medicine	for (name of condition)	Prescription details

Does your child wear glasses?	YES	/	NO
Date of last eyesight examination:			
	Date	Month	Year

Has your child ever had any hearing problem?	YES	/	NO
Date of last hearing examination:			
	Date	Month	Year

Does your child have any other condition(s)? (Please specify)

Languages spoken:

1. What is your child's mother tongue? _____
2. What language(s) are spoken at home? _____

Special Education Need (SEN)

- Has your child been diagnosed with any form of SEN (special education need)?
Yes No

If "Yes":

- What is the nature of the need?

- Has your child's condition been diagnosed by a medical practitioner?
Yes No
- Has your child been prescribed any form of medication to assist with this condition?
Yes No
- If "Yes" what is/are the medication(s)?

- Any further information?

Note: AusIS does not currently have an SEN trained teacher on staff.

- I confirm that all the information provided above is accurate.
- In the event of AusIS gaining the service of a School Doctor, I give permission for my child to receive a medical examination.

Signed:

Date: