



SAIGON SOUTH INTERNATIONAL SCHOOL

Nguyen Van Linh Parkway, Tan Phong Ward, District 7, Ho Chi Minh City, Vietnam
Telephone: (84-8) 5 413-0901 - Fax: (84-8) 5 413-0902 - Email: info@ssis.edu.vn

Connecting Learning To Life

APPLICATION FOR ADMISSION

1. STUDENT INFORMATION

Name: (Last / First / Middle) / Male Female

Nationality: Passport No:

Date of Birth: (Month / Day / Year)

Applying to Grade:

Date of Application: (Month / Day / Year)

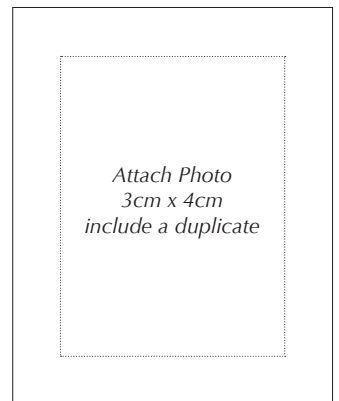
Intended Start date: (Month/ Day/ Year)

Place of birth: (City / Country)

Native Language: (Or dominant language)

Language(s) Spoken at Home: (if different)

Student's Spoken English Level: (circle) None 1 2 3 4 5 Native / Fluent



Previous School(s) Attended <i>(Most recent school first)</i>	Location	Language of Instruction	Grade(s)	Date Entered	Date Left

2. PRIMARY CONTACT INFO

Home Address in Vietnam:

Home Telephone in Vietnam: Mobile Phone(s) in Vietnam:

Student Mobile Phone: Student email:

Email: Relationship:

3. FATHER'S INFO

Father's Name and Citizenship:

Check one: Natural Father Step Father Legal Guardian

Occupation / Title:

Name of Company / Organization:

Work Address:

Telephone Number: (if different than home)

Father's Spoken English Level: (circle) None 1 2 3 4 5 Native / Fluent

Description of business:

Email(s):

Mobile Phone:

4. MOTHER'S INFO

Mother's Name and Citizenship:

Check one: Natural Mother Step Mother Legal Guardian

Occupation / Title:

Name of Company / Organization:

Work Address:

Telephone Number: (if different than home)

Mother's Spoken English Level: (circle) None 1 2 3 4 5 Native / Fluent

Description of business:

Email(s):

Mobile Phone:

5. SIBLING INFO

Brother(s) and Sister(s) Name	Age	Grade	Name of School / Occupation	Living with Student?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

6. MEDICAL

Please list any medical conditions, mental health concerns, special needs/or physical/learning challenges that your child may have (attach additional information to the application if needed)

7. CONSENT

I, _____ (Parent/Guardian) DO DO NOT (check one) give my permission for the school to seek medical aid and treatment for my child in an emergency situation and to sign necessary documents on my behalf.

8. ADDITIONAL INFORMATION

My child (check one) 1. Adjusts with ease to new situations 2. Takes time to adjust to new situations
List any ideas that would ease adjustment to SSIS. _____

Has your child's educational program ever been modified for any of the following reasons?

Behavioral Yes No **Academic** Yes No **Gifted/Talented** Yes No **ESL/ESOL** Yes No

If yes, please explain. _____

Has your child ever received an educational psychological report? Yes No If yes, please explain and include a copy of the report. _____

What talents or abilities does your child have and wish to develop further? (i.e., music, athletics, academics) _____

We believe that education is a partnership between the school and the family. Please feel free to comment on anything additional that would assist us in working with your child. _____

Please state your reasons (in English) for wanting to enroll your son/daughter in Saigon South International School. _____

9. SERVICE

Please list areas of expertise or interest that you (parents) could share with the students and / or school (i.e. your culture, your work, your hobbies, your volunteer time, etc.) _____

In any or all boxes below that apply, please check (✓) how you learned about SSIS.

Internet/School Homepage	<input type="checkbox"/>	Relocation Company Provided Information	<input type="checkbox"/>	Friend
Employer Provided information	<input type="checkbox"/>	Advertisements	<input type="checkbox"/>	Others
Parent/Relative is an SSIS alumni	<input type="checkbox"/>	Sibling is a Current Student		

I understand that if this application results in admission to Saigon South International School, my child will follow all rules and procedures of the school and I will meet all financial obligations according to the annual payment schedule.

I also understand that if any information I have given is false or misleading, the application can be rejected or my child, if accepted, may be withdrawn.

Signature of Parent or Legal Guardian: _____ Date: _____

APPLICATION CHECKLIST

- Two passport photographs
- Photocopy of passport page showing name, passport number, date of issue, date of birth, and photograph for parents and student
- Report cards / Transcripts in English for two previous school years
- Early Childhood Parent Questionnaire (EC candidates only)
- Business Card for parents
- Student Health Form (Including copy of insurance card)
- USD 300 Application Fee

FOR OFFICE USE ONLY

Admission Secretary.....

Director of Admissions.....

First day of School will be.....

Grade:..... Teacher / Homeroom:.....

Application Fee RECEIVED by:.....

Date:.....

Student ID:.....

Unique ID:.....

Family Code:.....