

# PHOENIX INTERNATIONAL SCHOOL SL

Office use only	
Start date: _____	Payment: Monthly/Quarterly/Annually
Year Group: _____	Terms and Conditions explained
Reg fee paid: _____	by: _____
Deposit paid: _____	
Fees paid: _____	Fees taken by: _____

Recent
Photograph

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Nationality of Student: \_\_\_\_\_ First Language: \_\_\_\_\_

Father's name: \_\_\_\_\_ Nationality \_\_\_\_\_

Mother's name: \_\_\_\_\_ Nationality \_\_\_\_\_

Step-parent details: \_\_\_\_\_

Any other adults in the family: \_\_\_\_\_

Please complete if divorced/separated. Child lives with: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Email: \_\_\_\_\_

Any other emergency numbers: \_\_\_\_\_

Details and dates of previous schools attended. Please indicate your agreement to us contacting

the schools indicated in case of need:

Yes/No

School report attached

Yes/No

Does your child have an IEP? \_\_\_\_\_

Persons authorised to collect child \_\_\_\_\_

Hours (for Nursery/Pre-School) \_\_\_\_\_

**INFORMATION ABOUT STUDENT'S HEALTH**

Does your son/daughter suffer from (underline any that apply)

Asthma (if yes, does he/she use an inhaler?) Name of inhaler: \_\_\_\_\_

Diabetes, frequent head aches, back aches, stomach aches, sore throat, nose bleeds

Allergies (please give details) \_\_\_\_\_

Has your child been innoculated against Tetanus?

Yes/No

Date:

Are there any physical limitations that could prevent your child from participating in sports or school trips?

Yes/No

Details \_\_\_\_\_

**In the event of an emergency requiring immediate medical attention, Phoenix International School will assume responsibility of the parent in making decisions, and the parents will be informed immediately. Your signature below gives permission for the school to act on your behalf in the event of an emergency. Please note that all students will be taken to the nearest public hospital, unless you have given us your private health insurance details.**

**E111/European Medical Card** \_\_\_\_\_

**Private Medical Insurance  
(please attach a copy  
of your policy)**

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**Social Security**

Number \_\_\_\_\_

Name \_\_\_\_\_

# PERMISSIONS

## **Permission to take part in sports and trips away from the school building**

I give permission for my child to take part in sports or recreational activities both on and off school premises.

I give my permission for my child to travel on a school trip that I have previously been notified of.

I understand that the school is not responsible for the bus service and acts only as a liaison between the bus company and the parent.

## **Photographs**

From time to time, the school will take photographs of the children for publicity material including social media, and your signature below confirms your acceptance of this. Please inform the office if you have any objections.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TERMS AND CONDITIONS

A non-refundable registration fee is payable per family at the time of completing your child's application form.

School fees can be averaged out over 10 or 12 months in order to assist with budgeting family finances. If you choose the 12 month option, school fees are therefore payable throughout the summer including July and August.

If paying 10 months per annum, a deposit of one month's school fees must be paid upon enrolment. This deposit will then be used should you default on payment at any time.

If paying 12 months per annum, a deposit of two month's school fees must be paid upon enrolment. This deposit will then be used should you default on payment at any time.

Payment is due at the latest by the 5th of each month, after the 5th day there will be 5% added to school fees. Non-Payment of fees by 12th of each month will result in your child being excluded from school until payment is made. If anyone has a problem with payment dates, please arrange an appointment with the office.

All materials must be paid annually on 1st September or termly on 1st September, 1st January and 1st April.

Sibling Discount - For families with two or more children we offer a discount of 10% on the monthly school fees. Any default on the terms and conditions listed will result in the sibling discount being withdrawn permanently.

## **One month's notice must be given in writing if your child is leaving the school.**

If your child leaves in the middle of an academic year and you pay over twelve months we will calculate your fees at the ten monthly rate, and you will be required to pay the difference. This will be deducted from your deposit if applicable. In this case you will receive a full statement of your account. In the event we owe you fees from the balance of your deposit, these will be paid to you at the end of the notice period.

In the event that you owe school fees, we will provide you with an invoice to be paid in full on or before the end of the notice period.

Students in Secondary **MUST** purchase all required text books and items listed on the school pencil case list.

**I confirm that I have read and understood the above terms and conditions, and my signature below confirms acceptance of these conditions.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_