

# **PEHA INTERNATION SCHOOL Unlock a World of New Possibilities**

TEL: 0788309277 / 0788204864, Email: info@pehaintschool.com Website: www.pehaintschool.com

**KIGALI - RWANDA** 

### **Student Enrollment Form**

### **Student Information**

*Class requested			
Name of Student:	_	DOB:	/ Day Month Year
Likes to be called:	□ Male □ Female Nationality:		
Languages Spoken (list on order from most comr 1)2)2			CR T CHILD'S PHOTO
Address:			
4) Primary caregiver's name:			
Primary caregiver's relationship to the student:			
Can the primary caregiver help student with hom	nework in English? □ No		
Family Information			
Name of Father:	Nationality:	Occupation:	
Phone: Email:			_
Address (if different from student):			CLICK HERE
Languages spoken:			TO ADD FATHER'S PHOTO
			-
Name of Mother:	Nationality:	Occupation:	
Phone: Email:			
Address (if different from student):			CLICK HERE TO ADD
Languages spoken:			MOTHER'S PHOTO

# **Emergency Contact Information:**

In case of emergency, parents/guardians will be contacted first. Please appoint a contact person to act/decide on behalf of parents/guardians if they cannot be reached:

Name of Contact Person Appointed

Relationship to Applicant

Telephone No.

Name of Contact Person Appointed

Relationship to Applicant

Telephone No.

# PEHA International School Student Enrollment Form

Educational History:						
This is my child's first school. OR Complete details below.						
Name/Address of School	Year(s) Attended	Grade Level	Age	Type of School	Language of Instruction	
Has your child received support o	or had any prior difficu	Ity in the following	g areas -	·		
Reading Mather	_	anguage	-	ehavior 🗌 🛙	Developmental	
Has your child ever been expe If yes to any of the above, plea	•	sked to leave/ch	ange sc	hool for any reasor	n? 🗌 Yes 🗍 No	
Please explain why you are ch	anging schools.					
Please add a separate sheet of pa enrollment. <b>Photography</b>	per if necessary. Non-o	declaration or misi	represent	ation of known area	s of difficulty is grounds to rev	
Please note that PEHA Internatio our school community including i School wishes to use images of yo this please put your concerns in y	n newsletters, classroo our child for promotion	m displays, the scl	nool Face	book page, and the s	chool website. If PEHA Intern	
Further Information						
Please indicate if your child have Please provide any further inform			d's enroir	nent		
Payment information						
م Who is responsible for paying you	ur child's school fees?					
Father / mother / guardian			□ Par	ent's Employer		
If an employer pays your child's s	chool fees please fill ou	t the information	below.			
Name of business/organization: _						
Parent's position at organization:					nber:	
Contact person at organization: _						
Waiver of Liability and To In the event of an accident or	an emergency situati	on, I hereby ack				
for any injuries incurred. In cas I will be notified.	se of a life threatenin	g situation, my o	una will	De taken to the Clo	vsest suitable medical facili	

I certify everything in this application is true to the best of my ability. I agree to abide by the school rules and procedures. I understand failing to follow school rule and procedures, or failing to pay my tuition fees by the due date can result in my child being suspended or expelled from PEHA International School.

# PEHA International School Student Enrollment Form

#### To complete registration please provide the documents below

- □ Student's photo size 3\*4 ......1
- Parents' photo
- size 3\*4 ..... 1 per each
- □ Birth Certificate or Passport
- Parent ID or Passport
- Vaccination Report
- □ Report card from previous school

\*Please note that PEHA International School follows age based enrollment to make sure students are placed in a class with their peers. Your child may not be granted enrollment into the grade requested. Students applying for Nursery One must be 3 years old before 1<sup>st</sup> September of the academic year they are requesting enrollment for.

Office Use Only

### **Test Results**

	Π	_				
SUBJECT	MARKS					
LANGUAGE - ENGLISH						
LANGUAGE - FRENCH						
MATHEMATICS						
Signature of Admissions	Director	// Day Month	Year			
Enrollment						
Enrollment Approve	d 🗆 Enrollmo	ent Denied Start Date: _// Start Grade (50/50 or	English):			
Notes						
Signature of Principal		// Day Month Year	_			
Original year of enrolln	nent	Grade				







Cambridge International School