



Luganville International School

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Student Enrolment Form

Student First Name	
Student Family Name	
Preferred Name	
Class	
Number of days per week	
Student Start Date	
Gender	Male/Female
Birthdate	
Country of Birth	
Nationality	
Language/s Spoken at Home	
Religion	

Parent/Guardian Name	
Contact Number/s	
Email	

Parent/Guardian Name	
Contact Number/s	
Email	

School History	School Name	Dates

Medical Conditions	

I give permission for Pro-medical to treat my child in an emergency.	Yes/No
I give permission for my child to have the DTP vaccination boosters mandated by Vanuatu Public Health. These are the ones given to all babies in Vanuatu which have boosters when students are in Year 1 and Year 5.	Yes/No
I give permission for my child to attend excursions in and around Luganville by walking, taxi, bus or a private vehicle of a teacher or parent.	Yes/No
I give permission for my child's photo and/or work to be published on websites.	Yes/No
I give permission for my child's photo and/or work to be published on Facebook or other social media sites.	Yes/No

Other Information	

For new enrolments only:

- I have attached a copy of my child's birth certificate or passport.
- I have paid a 10,000 vatu enrolment fee.

All information given in this application form is true and correct.

Name: _____

Signed: _____

Date: _____