

# The International School of Macao Summer School 2016

## ENROLMENT FORM

Student Name: \_\_\_\_\_ English Name: \_\_\_\_\_  
Family Name      First Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Present School: \_\_\_\_\_

Intended School: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Intended Grade (Sept. 2016): \_\_\_\_\_

**Bus Service Available - please contact our office staff for more information.**



Code	Course Name	Number of Weeks	Dates	1st or 2nd Choice

Cost Calculator:



x
3
x
5
x

=

Cost per Hour:      Hours per Course      Days per Week      Total Number of Weeks per Course      Total Cost

*Early Bird* - \$125 per hour  
*Regular* - \$140 per hour

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL FORM

Student Name: \_\_\_\_\_ English Name: \_\_\_\_\_  
*Family Name First Name*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Contact and/or Mobile Number: \_\_\_\_\_

Mother's Contact and/or Mobile Number: \_\_\_\_\_

## Persons to notify in an emergency if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Name of brothers and/or sisters attending summer school:

\_\_\_\_\_

Does your child have any health problems: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain (include any medication taken on a regular basis and allergies):

\_\_\_\_\_

\_\_\_\_\_

Details of your child's physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give your consent for your child to be given non-prescription medication for minor ailments? For example Panadol, cough drops. Yes: \_\_\_\_\_ No: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORISATION

*If I / we cannot be contacted, I / we hereby authorize **The International School of Macao** and / or its **representative** to take my child to the hospital if and when emergency care is needed and do not hold the school and / or its representative responsible for any cost / expenses resulting from treatment.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



