



Tel (+677) 30186 Fax (+677) 38021

## Woodford International School

Box R44, Honiara, Solomon Islands  
communication@wis.edu.sb www.wis.edu.sb

### CHECKLIST

- Application form
- Copy of Passport or Birth Certificate
- Previous School Report
- Application Fee \$1,500SBD   
(non-refundable)

# Application for Enrolment

Please complete this application honestly and thoroughly. We rely on the information you provide to make the best judgement we can when placing your child in our school. Failure to disclose important information about your child may mean that their enrolment is delayed or withdrawn.

STUDENT DETAILS				
First name(s)				
Surname				
Preferred name				
Date of Birth:	dd	mm	yy	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> Nationality:
Main Language Spoken at Home				
EDUCATIONAL BACKGROUND				
(Only complete this section if your child has attended school elsewhere)				
What age did the student start school?			Current Year Level:	
Previous school attended				
How many years did the student attended this school				
Year level completed at this school				
Country				
Language of Instruction				
STUDENT SUPPORT				
Does the student have any special needs that may impact on his/her ability to fully participate in the programmes provided by the School or any special talents, which the School may need to accommodate? <b>This must be disclosed to ensure the school is able to meet your child's educational needs.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If you answer YES, please give details below and attach copies of relevant documentation.				
Has the student ever been excluded, suspended or expelled from a school? Yes <input type="checkbox"/> (please provide details) No <input type="checkbox"/>				
Does the student have access to a computer at home? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does the student have access to the internet at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any other family members currently attending Woodford? Yes <input type="checkbox"/> (please provide details) No <input type="checkbox"/>				
PLACEMENT				
At what year level do you hope the student to be placed? Please indicate below.				
Early Childhood	Kindy <input type="checkbox"/> Pre <input type="checkbox"/>			
Primary	Prep <input type="checkbox"/> Y1 <input type="checkbox"/> Y2 <input type="checkbox"/> Y3 <input type="checkbox"/> Y4 <input type="checkbox"/> Y5 <input type="checkbox"/>			
Secondary	Y6 <input type="checkbox"/> Y7 <input type="checkbox"/> Y8 <input type="checkbox"/> Y9 <input type="checkbox"/> Y10 <input type="checkbox"/> Y11 <input type="checkbox"/> Y12 <input type="checkbox"/>			
Anticipated starting date:			Date of application:	
Reason for enrolment:				

**CONTACT DETAILS**

Father's full name:	Mother's full name:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Office phone:	Office phone:
Email address:	Email address:
Father's workplace:	Mother's workplace:

**PARENT/GUARDIANSHIP**

Student lives with: Both parents  Mother  Father  Guardian/Carer

Is a Parenting or Restraint order applicable? Yes  (please submit a copy) No

Please list any special circumstances of which the School needs to be aware in order to provide maximum support for the student.

**COMMUNICATION WITH PARENTS/GUARDIANS**

Are separate copies of correspondence required for each parent? Yes  No

Are separate copies of reports required for each parent? Yes  No

**RESPONSIBILITY FOR SCHOOL FEES**

Please advise who will be paying for school fees (if NOT by the parents/guardians)

Name of person/company/organisation paying: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACT**

(People to contact if we can not contact you)

Full name:	Full name:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Email:	Email:
Their relation to you:	Their relation to you:

**MEDICAL HISTORY**

Please outline any medical information about the student that may impact on their education e.g. allergies/sight or hearing problems etc.

I certify that the information I have given in this application is true and accurate:

Full name (Parent/Guardian) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENTS**

**Medical/Emergency Consent**

I Hereby give consent for the school staff to take appropriate action for the wellbeing and safety of my child. This includes first aid and transportation to an emergency facility. Yes  No

**Student Transport Consent**

I Hereby give permission for my child to take part in school excursions, sporting activities and other school related trips and to travel by bus or private car when necessary in order to do so. Yes  No

**Student Photograph Consent**

I Hereby do not give permission for my child’s image and/or work to be used for publicity and promotion of the school. Yes  No

**Business Regulations**

Application for enrolment must be made on the official Application for Enrolment form and be accompanied by the fee of \$1500 that is not refundable.

Application does not entitle the student to admission to the School and the Head of School reserves the right to determine final enrolment to the school.

Prior to initial admission payment of the annual registration or seat fee of \$5000 will be required. For subsequent years of enrolment payment of the registration will be due on or before the final day of Term 4 in the previous year. Non-payment by the due date will result in a child’s space or seat in class being declared vacant and a reapplication fee of \$1500 will then apply without any guarantee of a space or seat being available.

Students are admitted to the School on the understanding that all fees at the published scale will be paid in full at the commencement of each accounting period (term) or within 14 days of receipt of the account. The Business Manager or accounts executive is authorised by the School Board after consultation with the Head of School, to take any steps deemed necessary to recover unpaid fees or accounts, including interest and recovery costs. Unless special arrangements are made in extenuating circumstances, the student in respect of whom fees are unpaid will not be allowed to continue attending the School.

In all instances, ultimate responsibility for the payment of fees remains with the parent and in signing the enrolment application form the parent guarantees to fulfill all financial obligations in respect of their child(ren).

One full term notice (10 weeks) in writing is required if a student is to be withdrawn from the school or withdrawn from the enrolment list. A full term fees are to be paid in lieu of such notice.

The School reserves the right to discipline, suspend or expel any student who breaks the school rules or who in the opinion of the Head of School, is guilty of behaviour prejudicial to the welfare of the School. If in the opinion of the Head of School, it is desirable in the interests of the school that a student’s enrolment should not continue any longer, the Head of School may notify the parent or guardian to that effect and debar the student from further attendance.

It is understood that before a student takes up a place, parents will be required to sign an agreement with the School relating to Business regulations and disciplinary matters.

In addition, as part of the School community, parents acknowledge their responsibility to adhere to the constitution and in so doing support the decisions of the Head of School and the School Board. Actions that are contrary to the best interest of the School or performing a negligent, unlawful or willful act that causes any detriment, loss, damage or disrepute of the School will constitute grounds for the cancellation of enrolment.

The School reserves the right to alter from time to time, these enrolment procedures and business regulations, including any amounts contained therein.

The revised documents will be those considered applicable for all students enrolled at the time revision.

I.....have read and understood the above regulations and agree to abide by them. Yes  No

**Please submit your completed application in person to the School Office or email it to: [communication@wis.edu.sb](mailto:communication@wis.edu.sb) Applications that are missing significant information will be returned to be completed and will not be processed.**

**FOR OFFICE USE ONLY**

Date application received:	Received by:	Application fee paid Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy of the receipt
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Application sighted by Operations Director  Date: _____	Comments
Application sighted by Head of School  Date: _____	Comments
Application sighted by SEN Coordinator (if applicable)  Date: _____	Comments
Application sighted by E.A.L Coordinator (if applicable)  Date: _____	Comments
Date of Enrolment Interview and Test (if applicable)  Date: _____	Comments
Test Results  Reading: _____ Mathematics: _____ Spelling: _____  Proposed Year level: _____	Comments
Orientation Date: Person conducting the orientation:	Date invoice and acceptance letter sent:
Year level placement: _____ Teacher's name: _____	House placement: <input type="checkbox"/> Lunga <input type="checkbox"/> Mataniko <input type="checkbox"/> Poha <input type="checkbox"/> Tenaru
Additional comments:	