



KUNDU INTERNATIONAL ACADEMY

STUDENT ADMISSION FORM

Confidential – Please Print

KIA: FORM-001
Two pages form 12/19

For School Use – Entry Test Results: Mathematics: ___% English: ___% Interview done by: ___ Time ___ Date: ___
Status of Application: Approved/Pending/Rejected Permission to Register: ___ Date: ___/___/___
(Principal's Signature)
Student ID Number: ___ Entry Date: ___ Grade: ___ Class: ___

- Checklist of student's documents that must be attached with the admission form
1) Original copy of Grade 6 latest school report & Grade 8 or 10 School Certificate
2) Birth Certificate/NID Registration/Passport (at least one)
3) A copy of student's latest school report
4) Transfer certificate or acceptance letter from previous school

Is the student currently expelled from any school or school board?
Have you paid the Admission Fee of K100.00 to the Cashier (Non-refundable)?

A. Student Information

Full Legal Name: Last Name First Name Middle Name (If any)
Gender: Male Female Date of Birth: (DD/MM/YYYY)
Names of other siblings in this school (List down if any):

B. Previous School Information

Name of Previous School: Last date attended: Grade at previous school:
Reason for transfer:

C. Medical Information

Are you medically fit? YES NO
If yes, include information on special equipment, medication and symptoms and if possible, attach Medical Certificate.

D. Citizenship Information

Birth Country: If Papua New Guinea (PNG), Province of Birth:
Country of Citizenship:
If Student not born in PNG, provide date student entered PNG to live for the first time: (DD/MM/YYYY)

E. Language Spoken

Language first learned in the home (mother tongue): Language spoken at home:

F. Student Current Address Information

Student's Home Address: Suburb Street Section Lot Home Telephone Number:
Phone Number: Email Address (If any):

G. Transportation Address Information

How will the student travel to school? By PMV Walk Own vehicle School Bus

How will the student travel back home? By PMV Walk Own vehicle School Bus

If own Vehicle, please provide caregiver information: Name: _____ Relationship: _____ Phone No.: _____

H. Contact Information – Parent / Guardian 1

Name: _____ Male Female
Title (Mr/Mrs/Ms/Dr. etc) Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____ Company: _____

Home Telephone No.: (675) _____ Business Telephone No.: (675) _____ Ext. _____ Mobile phone No.: _____

Home Address: Same as student home address OR _____
Country Province/State City/Town Street

Check all applicable boxes

Has Access to student: Legal Guardian Has Custody Lives with Student
YES NO Receives mail Has access to student records

Emergency / Attendance

Contact priority: First Second Third

I. Contact Information – Parent / Guardian 2

Name: _____ Male Female
Title (Mr/Mrs/Ms/Dr. etc) Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____ Company: _____

Home Telephone No.: (675) _____ Business Telephone No.: (675) _____ Ext. _____ Mobile phone No.: _____

Home Address: Same as student home address OR _____
Country Province/State City/Town Street

Check all applicable boxes

Has Access to student: Legal Guardian Has Custody Lives with Student
YES NO Receives mail Has access to student records

Emergency / Attendance

Contact priority: First Second Third

J. Contact Information – Emergency Contact

Name: _____ Male Female
Title (Mr/Mrs/Ms/Dr. etc) Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____ Company: _____

Home Telephone No.: (675) _____ Business Telephone No.: (675) _____ Ext. _____ Mobile phone No.: _____

Home Address: Same as student home address OR _____
Country Province/State City/Town Street

Check all applicable boxes

Has Access to student: Legal Guardian Has Custody Lives with Student
YES NO Receives mail Has access to student records

Emergency / Attendance

Contact priority: First Second Third

K. Acknowledgement – Please sign

I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.

Parent/Legal Guardian/Student Signature: _____

Date: _____

Return completed form to our Administration Office for processing