

Yangon International School

Application Form



Student's Full Legal Name _____

Sex _____ Current Age _____ Preferred Name _____ Birth Date _____
Day / Month / Year

Anticipated Enrollment Date _____ Last Grade Completed _____

Anticipated Grade to Enter _____

Passport # _____ Country _____ Expiration Date _____
If a child has dual citizenship, provide additional passport information

NRC # _____

Type of Visa Held _____ Religion _____ Nationality _____

Myanmar citizen? Yes No Home language _____ Other language(s) _____

Current Residential Address _____

Home Phone _____ Email _____

Emergency Contact Name and Home _____

Contact numbers are required so that we can communicate with you during the admissions process.
Enter the best phone number or e-mail address at which you can be reached

Parent 1 Name _____

Parent 2 Name _____

Passport # or NRC # _____

Passport # or NRC # _____

Passport Expiration Date _____

Passport Expiration Date _____

Country of Passport _____

Country of Passport _____

Nationality _____

Nationality _____

Type of Visa Held _____

Type of Visa Held _____

Company Name _____

Company Name _____

Position _____

Position _____

Yangon Work Address _____

Yangon Work Address _____

Mobile _____

Mobile _____

Email _____

Email _____

Both parents must sign below. I authorize the execution of this student's application and assume full responsibility for payment of all school fees. I also accept the rules and regulations as outlined in the Admissions Guide and Handbook. I give Yangon International School and previous school(s) permission to exchange records and confidential information. Failure to provide accurate and complete information may result in cancellation of an application or acceptance.

Parent 1's Signature day/month/year

Parent 2's Signature day/month/year

Referred by: Parent Name: _____ Student Name: _____ Grade: _____

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|-------------------------------------|--|-----------|-----------|-------|
| Office Use: Received Application on | Time | Screening | Decision | Grade |
| By | Records: Y N Health: Y N Siblings at YIS: Y N Name/Grade | | | |
| ID# | Receipt # | Date: | First day | |