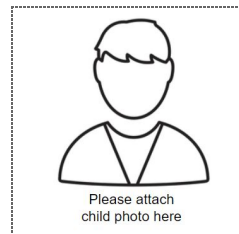


# Yangon International School Application Form



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 Residental 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

**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 \_\_\_\_\_