

## CPBR Application Form



To apply, please complete the both sides of this form, sign and submit it, e-mail or direct delivery to CPBR Admission Contact. Please read and fill out carefully.

Combi Plaza Boeung Rang

No. 26 Street 214, Sangkat Boeung Rang, Khan Daun Penh, Phnom Penh

✉ cpbr.admissions@combi.com.kh

Child Information	
Surname	
Given Name	
Middle Name	
Preferred Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	dd / mm / yyyy
Current Age	
Nationality	
1st language	
2nd language	

Photograph of applicant (4 x 6) taken within last 6 months

\*Please attach a copy of a relevant page of child's passport (expatriate) or family certificate (Cambodian) for validation.

Child's Medical Condition	No	Yes (please provide details)
Vision Problem	<input type="checkbox"/>	
Hearing Problem	<input type="checkbox"/>	
Drug Allergies	<input type="checkbox"/>	
Food Allergies	<input type="checkbox"/>	
Environmental Allergies	<input type="checkbox"/>	
Physical Disabilities/Impairments	<input type="checkbox"/>	
Mental Disabilities/Impairments	<input type="checkbox"/>	
Other Health Concerns	<input type="checkbox"/>	

Child's Academic History	No	Yes (please provide details)
Current	<input type="checkbox"/>	
Pre-School/Kindergarten		
Current Year-Group	<input type="checkbox"/>	
Number of Years Attended	<input type="checkbox"/>	

Preferred Month of Admission: mm / yyyy

\*Please note that all new students start on the first day of calendar month.

Parents Information	Father	Mother
Surname		
Given Name		
Nationality		
1st language		
2nd language		
Mobile Number		
E-mail Address		
Occupation		
Employer		
Expected length of stay in PNH		

Child lives with  both parents  Mother  Father  Other (please specify: \_\_\_\_\_ )

Application Contact Person	
Name of contact person	
Address	
Postal code	
Country	
House phone No.	

Please let us know how you heard about CPBR.  
 School website  From a friend  Leaflets  Other (please specify: \_\_\_\_\_ )  
**Please select a language in which you would like to have an interview with Principal.**  
 English  Khmer  Japanese

I, \_\_\_\_\_, Parent/Guardian of this prospective student, hereby confirm that all information given above are correct and that all relevant information about my child have been provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inquiries:

Admission Contact, Combi Plaza Boeung Rang  
 No. 26 Street 214, Sangkat Boeung Rang, Khan Daun Penh, Phnom Penh  
 ✉ cpbr.admissions@combi.com.kh  
 ☎ +855 (0)96 560 0190