

To apply, please complete the form, sign and submit it via e-mail or directly at the CPIPS Office.

### Student Personal Information

Surname

Given Name

Middle Name

Preferred Name

Gender  Male  Female

Date of Birth

Current Age

Nationality

1st language

2nd language



Applicant

### Student Medical Information

Description	No	Yes, (please provide details)
Vision problem	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>
Drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
Environmental allergies	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities/Impairments	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disabilities/Impairments	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>

### Student Academic History

Current Pre-School/Kindergarten

Current year group

Number of years attended

Preferred date of admission:

### Emergency Contact if parents cannot be reached

Surname

Given Name

Phone Number

Email address

Relationship with Applicant

### Father's Personal Information

Surname	<input type="text"/>
Given Name	<input type="text"/>
Nationality	<input type="text"/>
1st Language	<input type="text"/>
2nd Language	<input type="text"/>
Mobile Number	<input type="text"/>
Email address	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>



Applicant's  
Father

### Mother's Personal Information

Surname	<input type="text"/>
Given Name	<input type="text"/>
Nationality	<input type="text"/>
1st Language	<input type="text"/>
2nd Language	<input type="text"/>
Mobile Number	<input type="text"/>
Email address	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>



Applicant's  
Mother

Expected length of stay in PNH

I, \_\_\_\_\_, Parent/Guardian of the applying student, hereby confirm that all information given above is correct and that all relevant information about my child has been provided.

Signature

Date

**For Inquiries contact our Administration Office at:**

**Combi Plaza International Pre-School**

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

**Email us at: [cpbr.admissions@combi.com.kh](mailto:cpbr.admissions@combi.com.kh)**

**Call us at: +855 (0)23 724 888**