

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	<input type="checkbox"/>	<input type="checkbox"/>
Current year group	<input type="checkbox"/>	<input type="checkbox"/>
Number of years attended	<input type="checkbox"/>	<input type="checkbox"/>

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

Call us at: +855 (0)23 724 888 or (Smart) 096 560 0190 or (Cellcard) 011 222 162