



អ៊ិនធើរណេសិទណាល ស្ថល អហ្វ សៀមរាប  
International School of Siem Reap



REGISTRATION FORM

Pupil's name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

Father (guardian): \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Private Address: \_\_\_\_\_

Private telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother (guardian): \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Private telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to family: \_\_\_\_\_

It is my responsibility to declare to the school that all information above is truly correct .  
The school bears no responsibility on this and will not be charge d for any wrong doing, if  
the above info is not genuine. The school is responsible and be liable for concealing this  
information to the third party.

Siem Reap, \_\_\_\_\_ / \_\_\_\_\_ / 2009

Father/Guardian: \_\_\_\_\_  
Signature

School Director

Mother/Guardian: \_\_\_\_\_  
Signature

Henry W. Kernick