



វិទ្យាល័យអន្តរជាតិនរោត្តម
Lycée Français International
Norodom Monineath Sihanouk



2025-2026 RE-REGISTRATION FORM

The re-enrolment form must be submitted to the office by June 15, 2025 at the latest, together with payment of the enrolment or re-enrolment fees for 2025-2026, school insurance and any supporting documents that need to be renewed.

NAME		Recent passport photo
First name		
Date of birth		
Gender		
Passport number + validity	From to	
Address (street, village, town)		

information

Legal representative 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father		Legal representative 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father	
NAME		NAME	
First name		First name	
Profession		Profession	
Phone		Phone	
Passport number		Passport number	
E-mail		E-mail	

Family situation

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> PACS <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
If parents are separated or divorced, please specify : Parental authority: <input type="checkbox"/> joint <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other:			
In the event of separation/divorce, please provide details of your spouse below.			
Home of legal representative 1		Home of legal representative 2	
NAME		NAME	
First name		First name	
Nationality		Nationality	
Mother tongue		Mother tongue	
Profession		Profession	
Phone		Phone	
E-mail		E-mail	

Emergency: Person to contact in case of emergency other than legal representative

Family/neighbor/friend Other (specify name and relationship)		Phone	
		Phone	

Health & Safety

Health insurance	Compulsory third-party liability insurance
<input type="checkbox"/> I certify that I have taken out health insurance for my	<input type="checkbox"/> I certify that I have taken out civil liability insurance for my child
<input type="checkbox"/> No, I don't have health insurance for my child	<input type="checkbox"/> No, I do not have liability insurance for my child, and I subscribe to the school's insurance (compulsory).

Hospital of your choice if other than "AHC":	
Blood type, if known :	
Special problems (cardiac, respiratory, neurological, etc.)	<input type="checkbox"/> Yes, please specify : <input type="checkbox"/> No
Allergies (medication, injections, food, etc.)	<input type="checkbox"/> Yes, please specify : <input type="checkbox"/> No
Illness requiring immediate treatment (asthma, diabetes, etc.)	<input type="checkbox"/> Yes, please specify : <input type="checkbox"/> No
In the event of health problems, has a Protocole d'Accueil Individualisé (PAI) already been set up?	<input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, please provide us with the documents
Do you agree to your child being examined during the medical check-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vaccinations: is your child up to date?

Mandatory vaccines	Diphtheria, tetanus and poliomyelitis (DTP)
Recommended vaccines for expatriation to Cambodia	Hepatitis A and B, Japanese encephalitis, tuberculosis and typhoid.
<input type="checkbox"/> I confirm that my child has received all vaccinations (compulsory and recommended) for Cambodia. <input type="checkbox"/> My child is not up to date with his or her vaccinations and I undertake to bring them up to date.	

Authorizations

I authorize the school to communicate the family's contact details to the parent delegates so that they can prepare the school councils.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize the school to publish photos of my child: internet, blog, school social networks and brochures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize my child to participate in outings organized by the EFSR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documents to be supplied

- ☐ Re-enrolment form completed and signed by parents.
- ☐ A recent passport photo.
- ☐ **If new passport or ID card:** copy of ID or passport of child and legal guardians.
- ☐ **If there is a change,** please complete the **access authorization form** and provide a copy of the ID of the person(s) authorized to pick up the child(ren) at the school.
- ☐ **If parents are separated: copy of the judgment determining custody of the child.**
- ☐ **If the parents are absent: copy of the official document determining the child's legal responsibility.**
- ☐ Copy of up-to-date vaccination record.
- ☐ **If you check "Yes" in the "Health and safety" section,** a PAI must be set up.
- ☐ **If the child has health insurance:** copy of the insurance certificate showing the name and telephone number of the insurance company, the contract number and the child's name. **To be renewed every year.**
- ☐ **If the child is insured for civil liability:** copy of the insurance certificate showing the name and telephone number of the insurance company, the contract number and the child's name. **To be handed in before the first day of school and renewed every year.**
- ☐ **Payment of re-registration fees (see financial regulations) and \$50 insurance fee (unless proof of child's liability insurance is provided).**

Acceptance of the school's educational project, internal rules and financial regulations

- ☐ I acknowledge having read these documents and accept them in full.

Scholarship application 2025-2026

- ☐ I intend to apply for a late scholarship (in September) for the year 2025-2026.

Please note:

Only proof of health and liability insurance can be sent to us by the first day of school at the latest.

Signature and name of legal representative 1,

Signature and name of legal representative 2