



វិទ្យាល័យអន្តរជាតិនរោត្តម
Lycée Français International
Norodom Monineath Sihanouk



aefe
Agence pour
l'enseignement français
à l'étranger

REGISTRATION FORM
Back to school 2025-2026

The registration form must be submitted to the secretary's office by June 15, 2025 at the latest, together with payment of the registration or re-enrollment fees for 2025-2026, school insurance and supporting documents.

For arrivals during the year, date of arrival at the school:

Student information enrolled in :

NAME		Recent passport photo
First name		
Date of birth		
Gender		
Mother tongue		
Nationality (Specify if dual nationality)		
Second language spoken/studied		
School 2024-2025		
Plant tel. no. 2024-2025		
Passport number + validity	from to	
Address (street, village, town)		

Parental information (mandatory even if parents are separated)

Legal representative 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father		Legal representative 2 <input type="checkbox"/> Mot <input type="checkbox"/>	
NAME		NAME	
First name		First name	
Nationality		Nationality	
Mother tongue		Mother tongue	
Profession		Profession	
Phone		Phone	
Passport number		Passport number	
E-mail		E-mail	
In what language would you like the school to communicate with you (e-mail, liaison booklet, etc.)?			
Father: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Khmer			
Mother: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Khmer			
Number of children attending school			

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 :

Parent's signature :

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Parental authority: <input type="checkbox"/> joint <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other:			
Child's residence: <input type="checkbox"/> Alternating custody <input type="checkbox"/> Father's <input type="checkbox"/> Mother's <input type="checkbox"/> Other:			
Does your child live with his or her parents? If not, please explain briefly.			
In the event of separation/divorce, who has primary custody of the child?			
<input type="checkbox"/> Mother <input type="checkbox"/> Father			
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	
		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
Company :	Company :
Policy no. :	Policy no. :
Valid from: to :	Valid from: to :
Phone :	Phone :
<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).

Information about your child's health

Hospital of your choice if other than <i>Angkor Hospital for Children</i> :	
Blood type, strongly recommended :	
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, provide documents
Do you agree to your child being examined during the medical check-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent's signature :

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Vaccines: is your child's immunization up to date?

A child must be vaccinated (unless there is a recognized medical contraindication) to be admitted to the lycée or any other children's school. The number of vaccinations required depends on the child's date of birth (here, born before 2022).	
Mandatory vaccines	Diphtheria, tetanus and poliomyelitis (DTP)
Recommended vaccines	<ul style="list-style-type: none"> Diseases such as whooping cough, German measles, mumps and rubella, chickenpox, influenza, hepatitis B, shingles and rabies. Invasive Haemophilus influenzae type B, pneumococcal and meningococcal C infections, Human papillomavirus infections.
Recommended vaccines for expatriation to Cambodia	Hepatitis A and B, Japanese encephalitis, tuberculosis and typhoid.
<input type="checkbox"/> I confirm that my child's vaccinations are up to date, as well as those required and recommended for Cambodia. <input type="checkbox"/> My child's vaccinations are up to date and I undertake to keep 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: School website, blog, social networks and brochures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize my child to participate in outings organized by the school:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documents to be supplied

- ☐ Completed application form: **4 pages completed and signed (all pages must be signed).**
- ☐ A recent passport photo (+ an additional photo if your child has health problems and/or you do not wish your child's image to be published).
- ☐ Copy of ID or passport of child and legal guardians.
- ☐ Copy of family record book.
- ☐ Completed access authorization form
- ☐ Copy of ID of persons authorized to pick up children at school.
- ☐ In the event of parental separation: **copy of the judgment determining custody of the child.**
- ☐ If parents are absent: **copy of official document establishing legal responsibility for the child.**
- ☐ Copy of up-to-date vaccination record.
- ☐ If you check "Yes" in the "Information about your child's health" section, a PAI must be set up.
- ☐ **If the child has health insurance:** a copy of the insurance certificate giving the name and telephone number of the insurance company, the contract number and the child's name.
- ☐ **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.
- ☐ Payment of registration fees (see financial regulations) and \$50 insurance fee (unless proof of child's liability insurance is provided).

For first-time registrations :

- ☐ Cancellation certificate from previous school
- ☐ The child's last 6 school reports with the notice of passage
- ☐ Your child's completed school follow-up form

Parent's signature :

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Acceptance of the school's educational project

☐ I acknowledge that I have read the educational project of LFI Norodom Monineath Sihanouk in Siem Reap and accept it in its entirety.

Acceptance of school rules and regulations

☐ I acknowledge that I have read the rules and regulations of the LFI Norodom Monineath Sihanouk in Siem Reap and accept them in full.

Acceptance of the school's financial regulations

☐ I acknowledge having read the financial regulations of the LFI Norodom Monineath Sihanouk in Siem Reap and accept them in full.

Scholarship application 2024-2025

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

Please note: Incomplete applications will delay your child's enrolment and the start of his/her schooling.

Only proof of health and liability insurance can be provided at the start of the school year.

Signature and name of legal representative 1,

Signature and name of legal representative 2,