

SCIA Student Application Form

Student Details (Applicant)											
Family Name:			Given Name:						<input type="checkbox"/> Female		
Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Nationality:						<input type="checkbox"/> Male		
Passport No:			Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>								
Issuing Country:			If Citizen, ID No:								
Current Residential Address:											
Home Country Address: (if different from Residential)											

Attach Student's Photo
45mm (h) x 35mm (w)

Transfer Details:											
Current Curriculum:			<input type="checkbox"/> Cambodian <input type="checkbox"/> American <input type="checkbox"/> Cambridge <input type="checkbox"/> IB <input type="checkbox"/> Others:								
Current Grade:		Applying for Grade:			Current School:						
Enrolment for Academic Year:				<input type="text" value="Y"/> <input type="text" value="Y"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>		Term:		Other:			
How did you know about SCIA?											

Parent(s)/Guardian Details:											
Father	Family Name:			Given Name:							
	Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Nationality:							
Passport No:			Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Issuing Country:					
If Citizen, ID No:			Preferred language of Communication:						<input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Chinese <input type="checkbox"/> Other:		
Current Residential Address: (if different from Applicant)											
Mobile Number:			Email Address:								
Occupation:			Company Name:								
Mother	Family Name:			Given Name:							
	Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Nationality:							
Passport No:			Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Issuing Country:					
If Citizen, ID No:			Preferred language of Communication:						<input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Chinese <input type="checkbox"/> Other:		
Current Residential Address: (if different from Applicant)											
Mobile Number:			Email Address:								
Occupation:			Company Name:								
Guardian (optional)	Family Name:			Given Name:							
	Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Nationality:							
Passport No:			Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			Issuing Country:					
If Citizen, ID No:			Preferred language of Communication:						<input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Chinese <input type="checkbox"/> Other:		
Current Residential Address: (if different from Applicant)											
Mobile Number:			Email Address:								
Occupation:			Company Name:								

Student's Education Background												
Name of School (In Chronological Order of Year of Study)	Curriculum (E.g., IB, Cambridge & Etc.)	Country	City	Primary Language of Instruction	Period of Study							
					From				To			
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y

Student's Language Proficiency					
(Please tick the appropriate boxes accordingly)		Not Applicable	Fair	Good	Excellent
English	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Khmer	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language if any: _____	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common language used at home:					

Applicant's Sibling(s)													
Full Name	Date of Birth									Gender	Grade	School	
	D	D	/	M	M	/	Y	Y	Y	Y			
	D	D	/	M	M	/	Y	Y	Y	Y			
	D	D	/	M	M	/	Y	Y	Y	Y			
	D	D	/	M	M	/	Y	Y	Y	Y			

Additional Information					
Please tick "Yes" or "No" to the following questions			Yes	No	If yes, please provide details
1	Has your child ever skipped a grade level?		<input type="checkbox"/>	<input type="checkbox"/>	
2	Has your child ever been in a Gifted Programme?		<input type="checkbox"/>	<input type="checkbox"/>	
3	Does your child require any specific learning needs?		<input type="checkbox"/>	<input type="checkbox"/>	
4	Does your child have any medical or physical conditions that require special attention or medication, for instance, allergies?		<input type="checkbox"/>	<input type="checkbox"/>	

Modes of Payment, Procedures and Conditions
Payments are to be made only either in cash, cheque, cashier's order, credit card, debit card or inter-bank transfer.
All payments from overseas by cashier's order or telegraphic transfer are to be made payable to SCIA with student's name listed.
All bank charges must be borne by the student.
All cheque payments are to be crossed and made payable to SCIA with student's name written at the back of the cheque.
All fees are payable one (1) month in advance before commencement of each term or semester.
Unpaid fees may result in delay or disruption to the student's enrolment/course of study.

SCIA Account Details			
Name of Bank:	Maybank (Cambodia) Plc		
Address:	Maybank Tower, No.43, Preah Norodom Blvd, Sangkat Phsar Thmey 3, Khan Duan Penh, Phnom Penh		
Swift Code:	MBBEKHPP	Beneficiary Name:	Singapore (Cambodia) International Academy Co., Ltd
Account No:	00001/02/003031/04		
Name of Bank:	Advanced Bank of Asia Ltd. (ABA BANK)		
Address:	148 Preah Sihanouk Blvd, Sangkat Boeung Keng Kang I, Khan Boeung Keng Kang, Phnom Penh, Cambodia		
Swift Code:	ABAAKHPP	Beneficiary Name:	Singapore (Cambodia) International Academy Co Ltd
Account No:	001 574 731		

SCIA Standard Refund Policy
Refunds are only applicable for tuition fees; all other fees i.e., application fee, enrolment fee, annual capital fee, transition fee and miscellaneous are non-refundable and non-transferable. Refunds can only be issued in the form of cheque.
100% refund if withdrawal notice given more than thirty [30] calendar days prior to the start of the semester.
No refund if withdrawal notice given less than fourteen [14] calendar days prior to the start of the semester or after the semester has begun.

Application Checklist	
<input type="checkbox"/>	Completed and Signed Application Form
<input type="checkbox"/>	Copy of each parent's passport or ID
<input type="checkbox"/>	A Copy of student's Birth Certificate (Original and English translation) and/or passport
<input type="checkbox"/>	Additional three (3) recent passport-sized photographs of the student
<input type="checkbox"/>	A copy of student's school reports and any standardised tests for the past 2 years (Original and English translation)
<input type="checkbox"/>	A copy of any other relevant certification or information that may be useful in this application
<input type="checkbox"/>	Copy of all relevant psycho-educational and / or special education evaluation reports (If applicable)

Acknowledgement	
<input type="checkbox"/>	I/We understand that a place is not guaranteed until a Letter of Offer from SCIA is issued. I/We give permission for the student to undertake any testing required as part of the admissions process.
<input type="checkbox"/>	I/We authorise SCIA to contact current and past schools including teachers, tutors, administrators and other sources as required, to obtain information to support this application. Deliberate withholding or false provision of any records or specific information, e.g., additional learning support, may result in the delay/rejection/retraction of the admissions/acceptance to SCIA. SCIA reserves the right to make this decision.
<input type="checkbox"/>	I/We guarantee that if the student resides with a relative or guardian, he/she will be fully supported in his/her studies and extra-curricular activities.
<input type="checkbox"/>	I/We will support and help the student to observe all school regulations, including respecting and protecting the school's property, equipment, building and good name.
<input type="checkbox"/>	I/We understand that SCIA does not discriminate in the enrolment practices against any person due to race, creed, gender, nationality or ethnic region.
<input type="checkbox"/>	In submitting this application, I/we agree to the above terms and declare that all the information provided is correct. I/We understand that false, inaccurate, or misleading information may result in the rejection of this application and forfeiture of application fee, or disruption to the student's course of study.

Referrer Information (If Applicable)			
Family Name:		Given Name:	
Mobile Number:		Email Address:	

Signature of the Parent / Guardian										
Name:										
Date:	D	D	/	M	M	/	Y	Y	Y	Y

For Official Use Only										
Attended by:										
Date:	D	D	/	M	M	/	Y	Y	Y	Y

Contact Us
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