



COTONOU INTERNATIONAL SCHOOL
(Motto – Industry and Perseverance)
20__ / 20__ ACADEMIC SESSION REGISTRATION

Thank you for choosing C.I.S. for your child's education. We look forward to building a lasting relationship with you and your family as we aim at positively impacting your lives.

The following is a checklist of necessary paperwork designed for your convenience. Every paperwork must be duly completed before your child is registered. Returning students must reregister and go through the application process for that academic year by filling the application form and signing the financial responsibility agreement section. New students should submit all paperwork for previous academic year.

Tick as applicable. I have:

- Completed the enrolment form
- Completed health history and treatment
- Completed financial responsibility agreement
- Completed liability and indemnity agreement
- Received parent/student handbook
- Read discipline policy
- Tendered my bank teller (proof of payment)

COTONOU INTERNATIONAL SCHOOL
(Motto – Industry and Perseverance)
ENROLMENT FORM

Date of Enrolment

--	--

Child's Name

First Name Middle Name Last Name (Surname)

Gender: boy girl Date of Birth Age

School Name (If applicable)

Child's Address

Child's Nationality Primary Language: English French Others

Parents/Guardians # 1

First Name Last Name (Surname)

Address

Email Occupation

Phone Work Phone Mobile WhatsApp Number

Parents/Guardians # 2

First Name Last Name (Surname)

Address

Email Occupation

Phone Work Phone Mobile WhatsApp Number

Emergency Contact if the parents cannot be reached: Name

Phone Relationship

Address

HEALTH HISTORY

Please list any known health challenge

Please indicate if any of the following health issues is associated with your child

Asthma Diabetes Taking medication Sickle Cell Anemia

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that I could not be reached to make arrangement for emergency medical attention, I authorize the school Director or any person taking directives from her to take my child to insurance approved clinic for Doctor's attention.

Name of Parent

Signature

Date

I give consent to necessary emergency treatment when my child is in the care of the Doctor and/or hospitalized.

Name of Parent

Signature

Date

PARENTS' ACKNOWLEDGEMENT AND STATEMENT OF CONSENT

I _____ hereby give consent to the following:

- Transportation: My child may be transported by school during emergency care, field trip / excursion and programs.
- Field Trips / Excursion: My child may participate in field trips / excursions supervised by the school.
- Photograph Release: My child's picture may be taken in connection with school activities / events.

Signature of Parent / Guardian

COTONOU INTERNATIONAL SCHOOL

(Motto – Industry and Perseverance)

FINANCIAL RESPONSIBILITY

I _____, mother/father/guardian of _____ is fully responsible for all financial responsibility of the above pupil.

I understand that payments are paid on or before the day of resumption for each term. It is my responsibility to notify the school in writing of any changes to my situation or payment plan on or before start day.

I understand I must pay to CIS account in Bank of Africa (BOA) and return the teller of correctly paid sum to the school as pass for my child for proper recording and documentation.

I understand that there is no refund of money after payment even if I exit the school before the exhaustion of the term or session paid for.

I understand that in the event, I register my child any time after the commencement of classes, the fees payable to school remain the same as when paid at the inception of a term or session.

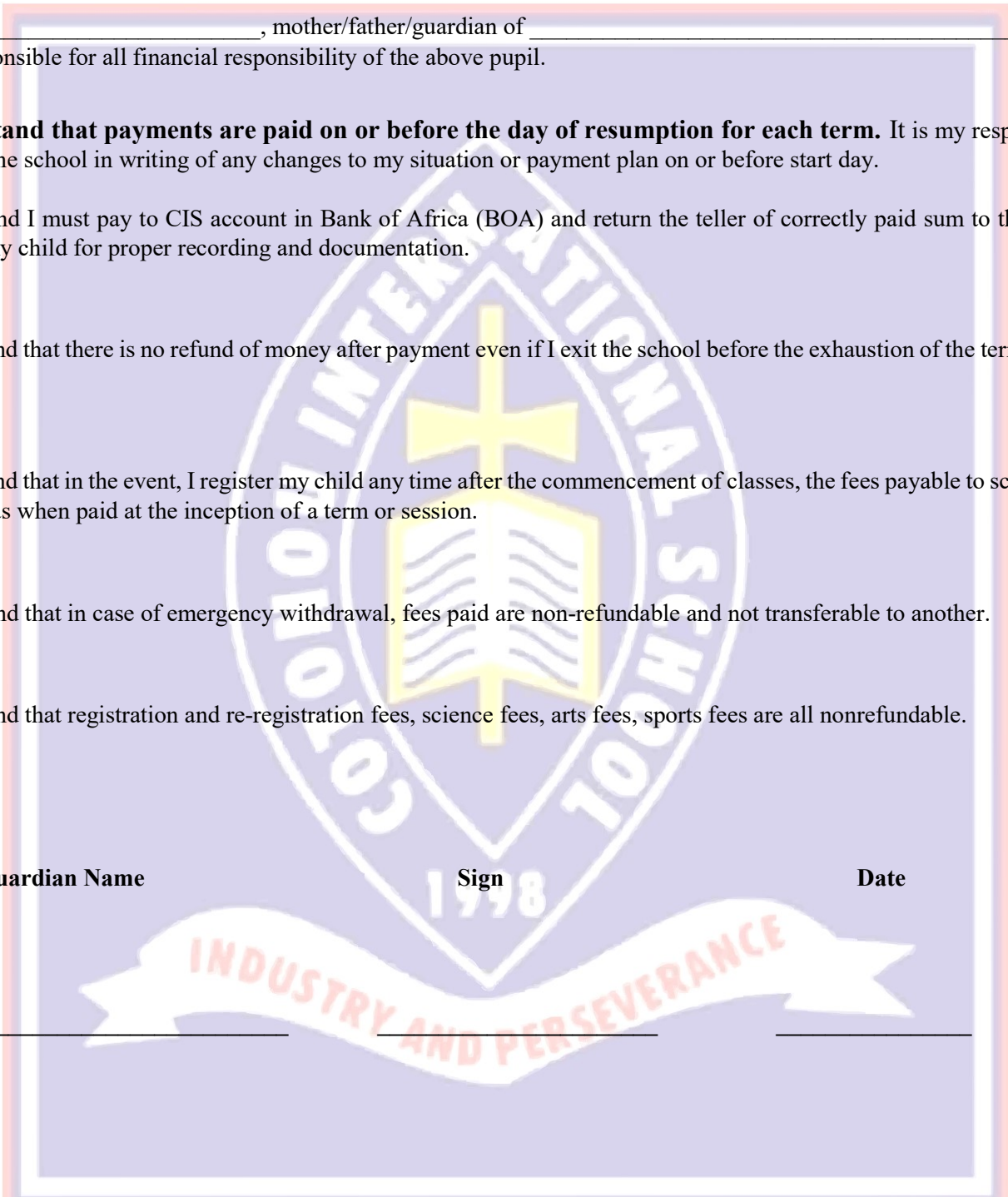
I understand that in case of emergency withdrawal, fees paid are non-refundable and not transferable to another.

I understand that registration and re-registration fees, science fees, arts fees, sports fees are all nonrefundable.

Parent/Guardian Name

Sign

Date



COTONOU INTERNATIONAL SCHOOL
(Motto – Industry and Perseverance)

LIABILITY AND INDEMNITY AGREEMENT

All bonafide students of Cotonou International School are insured and covered by the school's insurance scheme with La Generale des Assurances du Benin.

I give permission to the school to use the photograph, film footages or tape recordings which may include image or voice of my child for the purpose of promoting or interpreting CIS programs for no compensation whatsoever.

Name of Parent / Guardian _____

Signature of Parent / Guardian _____

All information is verifiably true and no changes need to be made (initial next to registration Date)

Date Parent Signed _____ Initial _____

FOR OFFICIAL USE ONLY

I _____ do hereby acknowledge the receipt of this admission cum agreement form duly signed and submitted by the above named parents on this _____ Day of _____ 20 _____

Sign: _____

ATTACH TWO PASSPORT PHOTOGRAPHS WITH WHITE BACKGROUND AND WHITE SHIRT.

INDUSTRY AND PERSEVERANCE