



# BAVA INTERNATIONAL SCHOOL

CNR TAURAMA RD & TURUA AVE, MANU AUTOPORT, BOROKO  
PO BOX 5398, BOROKO, NATIONAL CAPITAL DISTRICT  
PAPUA NEW GUINEA

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**ELEMENTARY | PRIMARY | PRESCHOOL | CHILD CARE SERVICES**

## 2 0 1 7 E N R O L M E N T F O R M

### ***Name of children and date of birth:***

Child 1: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Child 2: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Child 3: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

### ***Parent/Guardians occupation & addresses:***

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Lot No: \_\_\_\_\_ Sec. No: \_\_\_\_\_ Location: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Lot No: \_\_\_\_\_ Sec. No: \_\_\_\_\_ Location: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### ***Please specify a contact in case of emergency:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship To The Child: \_\_\_\_\_

### ***Does your child suffer from any occurring illnesses? If YES, please provide details:***

\_\_\_\_\_  
\_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_ Tel : \_\_\_\_\_  
Address: \_\_\_\_\_

In case of emergency, I/We give permission for my/our child to be taken to the above-mentioned doctor.



# SCHOOL FEE PAYING & REFUNDS POLICY

## TERMS AND CONDITIONS

- Registration/Enrollment Fee is NON-REFUNDABLE. This must be paid before or together with the term/year school fees.
- No child is given entry access until their assigned fees are paid in full.
- No withdraw of pupil and refunds are permitted once enrolled for the school year, unless the paying parent/guardian is transferred to another Province or some other unforeseen and unfortunate desperate circumstance has occurred.
- If the child has been medically certified ill and cannot attend school, some refund may be considered fairly.
- If fees are paid by term installment, a grace period of only two weeks into the new term is permitted. Failure to pay outstanding term fees in full after this period will see your child outside of the classroom programs and the school environment.
- If the payment was made by the paying parents' or guardian's employer, any refund will be made to the employer/company, only after meeting the above criteria.

I/We have read and clearly understand the above terms and conditions of the School's Fee Paying & Refunds Policy and hereby agree to abide by them during this current school year of 2017.

**{MUST BE ONLY SIGNED BY THE PERSON WHO IS PAYING THESE SCHOOL FEES}**

Signed by Parent/Guardian: \_\_\_\_\_

Witnessed and signed by officer in attendance: \_\_\_\_\_

Principal/Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY - PAYMENT METHOD

Bank cheque or cash payment: (personal cheques will not be accepted)  
A deposit of **K300.00** upon enrolment is required.

Details: \_\_\_\_\_

Company Address: \_\_\_\_\_

E/FEE PD: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

SCHOOL FEE: E/B  
K\_\_\_\_\_

ANNUAL  
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INSTALMENT  
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