



Student's First Name		Student's Surname		Date of Birth	
Gender	Male Female	Year Group Teacher		Nationality	
Start Date					
Street Address				Apartment/Unit #	
City		State		Zip Code	
Primary Telephone Number		Primary Email Address			
Name and Surname of Mother / Guardian		If guardian, please state relationship to child			
Nationality		Cellular Telephone			
Secondary Telephone		Secondary Telephone Type	Work	Home	Other
Email Address		Email Address Type	Work	Home	Other
Employer Name		Employer Phone Number			
Occupation		Job Title			
Name and Surname of Father / Guardian		If guardian, please state relationship to child			
Nationality		Cellular Telephone			
Secondary Telephone		Secondary Telephone Type	Work	Home	Other
Email Address		Email Address Type	Work	Home	Other
Employer Name		Employer Phone Number			
Occupation		Job Title			

Emergency Contact: In case parents/guardians cannot be reached, an emergency contact may be designated. For legal authorization to pick up a child, the parent must include a copy of the emergency contact's driver's license, state ID, or passport.

I authorize _____, _____ (relationship to child) to pick up my child.

Primary Contact Number Secondary Contact Number Parent Signature



As a parent I will:

- Communicate with the school in order to discuss my child’s progress. This includes Parent/Teacher Conferences.
- Become involved in my child’s life at school and actively support a range of school functions.
- Make the school immediately aware of any concerns or problems that might affect my child’s work or behaviour.
- Ensure that my child attends school regularly, that attendance does not fall below the 95% minimum attendance requirement and that all absence is correctly authenticated.
- Ensure that my child attends school on time each day.
- Ensure that my child arrives correctly dressed in school uniform and properly equipped for learning.
- Support my child in homework and other opportunities for home learning.
- Actively support and comply with ALL school policies.
- Not engage in any activities that are detrimental to the school or to the school community, including ensuring that my child is not in breach of any state or federal laws.
- Behave with consideration and respect at all times towards all members of our school community.
- Understand that I am responsible for reading, understanding and following the Parent Handbook in Parent Essentials on the BIS Houston website. If I have questions about the Handbook or any updates it is my responsibility to seek clarification.

Parent Signature

Date

As a student I will:

- Behave with consideration and respect at all times towards all members of our school community.
- Follow the BIS Houston Code of Behaviour at all times and comply with all school rules and regulations, including the safe use of the internet, both in school and outside of school hours.
- Attend school regularly, ensuring that my attendance does not fall below 95%.
- Ensure that I am always punctual to school and to all lessons.
- Ensure that I comply with all school uniform regulations.
- Ensure that I arrive each day with all the necessary equipment for learning.
- Ensure that I make every attempt to become involved in the life of the school by taking part in age appropriate extra-curricular activities.
- Complete all my class work and homework to the very best of my ability.
- Look after our school environment.
- Not walk on the grass and keep our school free from litter and graffiti.
- Take care of my own property and ensure that it is correctly labelled.

Photos on Campus:

We may place a student’s photo, video footage, name or school work in our or our affiliates’ website, social media, marketing materials, corporate communications (including annual reports) or publications. If you do not wish for us to take photos of your child, please email the Communications Manager at admissions@houston.nae.school. When parents are on campus and attending school functions (i.e. assemblies, exit points, etc.), we ask parents to only photograph and/or film their own children. In the event other children may be in a photo with your child, we ask that these are not posted on personal or year group social media accounts without the other parents’ approvals. Any photos from the School’s social media pages may be shared as the School filters these for any children who are not to be photographed.

I have discussed the terms of the enrollment agreement with my child and my signature below connotes agreement of both parent and child.

Student First Name

Student Surname

Parent Signature

Date



As a school, we are required by Texas State Law to have immunization records on file for every student enrolled in the British International School of Houston.

I have provided the school with a copy of my child's most current immunization record.

If the Varicella (Chickenpox) vaccine is not reflected on my child's immunization records, it is because my child had Varicella (Chickenpox) on or around _____ and does not require the vaccine.
Date of Chickenpox

Student Name

Student's Surname

Parent Signature

Date

*If your child has had Varicella disease (chickenpox) a written statement from a Physician, Health Care Professional or parent/guardian stating that the child has had the disease will be required in accordance with state law.



Student's First Name

Student's Surname

Date of Birth

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the child care programme.

Registered Physician's Name

Phone

Physician's Address

Physician's Signature

Date

Or

My child has been examined within the past year by a physician/health care professional and is able to participate in a child care programme. I will provide a signed statement from the physician/health care professional within the next 90 days. Below is the physician/health care professional that examined my child:

Registered Physician's Name

Phone

Physician's Address

Parent's Signature

Date



Student's First Name Student's Surname Age

Siblings Yes No

Sibling 1's Full Name Sibling 1's Date of Birth Sibling 1's School

Sibling 2's Full Name Sibling 2's Date of Birth Sibling 2's School

Sibling 3's Full Name Sibling 3's Date of Birth Sibling 3's School

Sibling 4's Full Name Sibling 4's Date of Birth Sibling 4's School

Medical Information

Insurance Company Group Number ID Number

Doctor's Name Doctor's Telephone Number

Doctor's Address

Does your child have any allergies? Yes No

If yes, please specify:

Does your child have any existing illnesses/medical conditions? Yes No

If yes, please specify:

In the past 12 months, has your child had any serious illnesses, injuries or hospitalizations? Yes No

If yes, please specify with dates:

List of all continuous, long-term medications taken

Medication to be Administered at School

Whenever possible medication should be administered at home. However, if your child has been prescribed a medication that needs to be taken during the school day, please fill out the Medication Authorization Form available from the school Nurse and submit it back to the school Nurse along with the medication and instructions. **The school does not supply any medications for student use.**

Signature of Parent or Guardian

Date