



Yangon American Admissions Policy



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Admissions Philosophy

Yangon American International School serves the educational needs of the international and local communities' English-speaking children in Yangon. We welcome children of all nationalities whose families are committed to an international educational curriculum in English following the American Common Core State Standards in conjunction with the International Baccalaureate framework.

Yangon American International School is committed to the principle of equal opportunity in education. The school does not discriminate against students on the basis of race, color, gender, religion, disability (within our ability to accommodate the student), or national or ethnic origin in the admissions process. We may take into account factors including an applicant's prior educational and linguistic background for purposes of admission in order to fulfill the school's mission of providing education in the English language to our students.

Eligibility

English Language Ability

English is the language of instruction in all grades, and the ability to successfully access the curriculum within a reasonable time and thrive in our English-language learning environment are the guiding principles for admission to the school. We provide English support through our ELL program and enrollment will be decided based on the availability of spots within that program. 5% of students at level one and two and 20% of students at level three and four.

| | Level 1 Entering | Level 2 Beginning | Level 3 Developing | Level 4 Expanding | Level 5 Bridging | Level 6 - Reaching |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| LISTENING | <ul style="list-style-type: none"> Follow modeled, one-step oral directions (e.g., "Find a pencil.") Identify pictures of everyday objects as stated orally (e.g., in books) Point to real-life objects reflective of content-related vocabulary or oral statements Mimic gestures or movement associated with statements (e.g., "This is my left hand.") | <ul style="list-style-type: none"> Match oral reading of stories to illustrations Carry out two- to three-step oral commands (e.g., "Take out your science book. Now turn to page 25.") Sequence a series of oral statements using real objects or pictures Locate objects described orally | <ul style="list-style-type: none"> Follow modeled multi-step oral directions Sequence pictures of stories read aloud (e.g., beginning, middle, and end) Match people with jobs or objects with functions based on oral descriptions Classify objects according to descriptive oral statements | <ul style="list-style-type: none"> Compare/contrast objects according to physical attributes (e.g., size, shape, color) based on oral information Find details in illustrated, narrative, or expository text read aloud Identify illustrated activities from oral descriptions Locate objects, figures, places based on visuals and detailed oral descriptions | <ul style="list-style-type: none"> Use context clues to gain meaning from grade-level text read orally Apply ideas from oral discussions to new situations Interpret information from oral reading of narrative or expository text Identify ideas/concepts expressed with grade-level content-specific language | |
| SPEAKING | <ul style="list-style-type: none"> Repeat simple words, phrases, and memorized chunks of language Respond to visually-supported (e.g., calendar) questions of academic content with one word or phrase Identify and name everyday objects Participate in whole group chants and songs | <ul style="list-style-type: none"> Use first language to fill in gaps in oral English (code switch) Repeat facts or statements Describe what people do from action pictures (e.g., jobs of community workers) Compare real-life objects (e.g., "smaller," "biggest") | <ul style="list-style-type: none"> Ask questions of a social nature Express feelings (e.g., "I'm happy because...") Retell simple stories from picture cues Sort and explain grouping of objects (e.g., sink v. float) Make predictions or hypotheses Distinguish features of content-based phenomena (e.g., caterpillar, butterfly) | <ul style="list-style-type: none"> Ask questions for social and academic purposes Participate in class discussions on familiar social and academic topics Retell stories with details Sequence stories with transitions | <ul style="list-style-type: none"> Use academic vocabulary in class discussions Express and support ideas with examples Give oral presentations on content-based topics approaching grade level Initiate conversation with peers and teachers | |

Early Childhood Village

In the Early Childhood Village children are admitted without an entrance test regardless of their level of English language proficiency – providing there are no other additional learning needs. If we have some concerns regarding an applicant's ability to access the curriculum, we may require additional English language assessment to determine the child's ability to learn through English-medium instruction.



Learning Needs

Yangon American upholds the principles of a balanced education developing the total child rooted in a firm belief in inclusion. We endeavor to accommodate students with diverse learning needs to achieve their highest potential while celebrating their unique learning strengths and challenges. Applicants with mild social/emotional issues, learning differences or other learning needs will be evaluated to determine if we are able to accommodate the child at our school.

Please note that any learning needs or social/emotional, physical or behavioral issues must be fully disclosed and described in detail in the application process for admission. Reports of professional assessments, along with details of extra support the applicant is receiving, must also be provided at the time of application. Failure to fully disclose such information at this time may result in revocation of admission or, if discovered after enrollment, require withdrawal from Yangon American. Should significant social/emotional/behavioral issues or learning differences become apparent following enrollment in the school, we reserve the right to review a student's progress and determine the appropriateness of his/her continued enrollment in the school within the context of our learning support resources and capabilities. This review will include close consultation with parents, teachers, and administrators.

Grade Placement

Yangon American students come from a wide variety of educational backgrounds, including international and national school systems, from around the world. In almost all cases, placement is determined by age as of September 1st in the academic year of entry. In all cases, the final determination of grade placement rests within the purview of the administration.

Placement in all grades is determined by age as of September 1st in the academic year of entry as follows:

| Entering Grade | Age by September 1 st |
|------------------|----------------------------------|
| Nursery | 2 |
| Toddler | 3 |
| Pre-Kindergarten | 4 |
| Kindergarten | 5 |
| Grade 1 | 6 |
| Grade 2 | 7 |
| Grade 3 | 8 |
| Grade 4 | 9 |
| Grade 5 | 10 |
| Grade 6 | 11 |
| Grade 7 | 12 |

Screening, Documentation, and Interviews

Admissions are on an ongoing basis and parents can apply at any time during the year. Both parents are encouraged to tour the school when meeting with the Admissions team. No applications will be accepted in the month of May and June for the current school year and will only be accepted for the next school year.

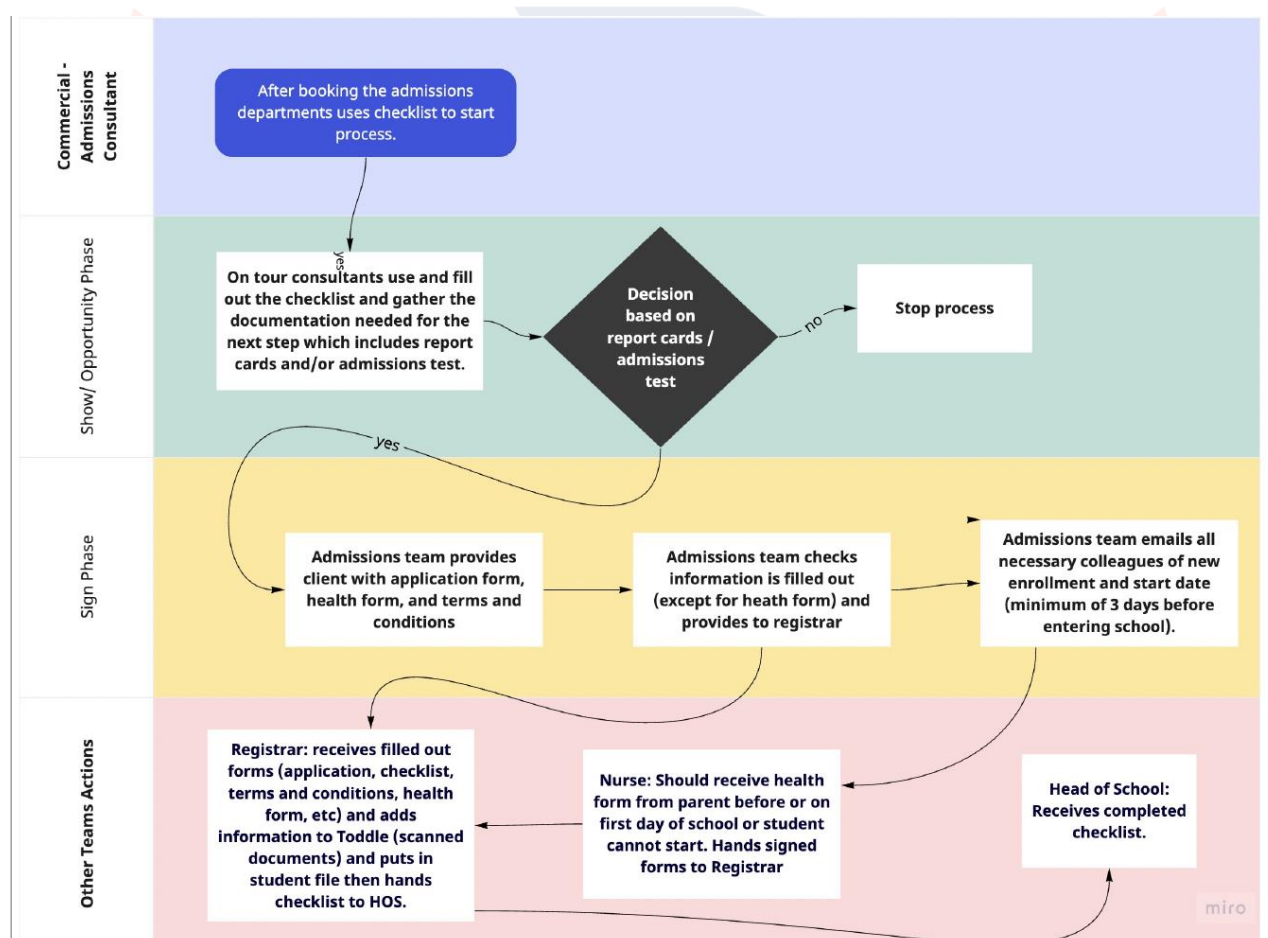
Primary School and Secondary School

Children applying for admission to grades Kindergarten and above are required to provide previous school records or have an entry assessment.



Admissions Decisions

Admissions staff, the Head of School, and additional administrators review all applications. Other school personnel, such as learning and language support staff, may also be involved in the review process as needed. Admissions decisions are made by the Admissions Director in consultation with the administration.



Once the application and checklist (referenced below) is completed, including receipt of available school records, health information, and payment of the application fee, we will make a prompt admissions decision. When the admissions decision is available, parents will be notified. Applicants accepted for admission are asked to accept or decline the offer within one week of receiving notice of acceptance by contacting our Admissions Director by phone or email.

Withdrawal Process

If parents wish to withdraw from Yangon American International School, they must contact the Admissions team. Parents will provide the official withdrawal request form and set up an exit meeting with the Registrar.

Admissions Checklist

Show/Opportunity Stage

- Gather information needed for correct assessment
 - Name on passport
 - Preferred Name



- Date of Birth
 - Native Language
 - Other Languages Known
- ❑ Gather student records
 - Previous student report card/ transcript
 - Previous assessment tests (MAP, WIDA, etc.)
 - Additional reports that are related to emotional, academic, or learning support (from child psychologist, learning center, counselor, etc.)
- ❑ If needed provide an admissions test
 - Focus areas are reading, writing, math, and English language development

Sign Stage

- ❑ Provide
 - Application Form
 - Health Form
 - Terms and Conditions
 - Fee Structure and Information page
- ❑ Explain
 - Where to find school policies and Parent/Student Handbook
 - Explain the fee structure including required ELL services and payments
 - Ask parents if they have any further questions before signing.
 - Answer any questions regarding the school or direct questions to appropriate personnel
- ❑ Check
 - Application form is complete, and all necessary documents are signed.
- ❑ Records
 - Give all signed documentation to Registrar
- ❑ Direct parents of further steps
 - Health form to be sent to nurse before the first day of school or will not be able to begin.
 - Any information regarding lunch or bus services
 - Information about our communication platform and must download the app when receive the login details.
- ❑ Inform homeroom teacher, registrar, administration, Head of School. And other necessary parties of student's enrollment and start date

Team Actions

- ❑ Registrar
 - Add all signed documents to Toddle
 - Inform other teaching staff of new enrollment
 - Adds documents to student file
 - Send checklist to Head of School
- ❑ Nurse
 - Receives the Health form on the first day of school
 - Checks information and records information
 - Follows up with parents if there is any missing information
 - Informs teachers and necessary parties of student's health concerns (example: peanut allergy).

Application Form and Terms and Conditions

Please find the editable document using this [link](#). Please find the PDF of the terms and conditions using this [link](#).



Application Form



ACADEMIC YEAR OF ENTRY

When do you hope for your child to start at Yangon American International School?

This Academic Year (2023-2024)

Next Academic Year (2024-2025)

STUDENT INFORMATION

Full Name (as in passport/ID)

Preferred Name Gender Male Female

Date of Birth Place of Birth

Passport/ID Number Passport Country

Native Language Other Languages

Local Address

ADDITIONAL ACADEMIC INFORMATION *If yes, please give more detail in the box below*

Please answer ALL questions. Has your child ever:

Been advanced a year/grade or been retained? Yes No

Received English Language (ESL) support? Yes No

Received additional learning or counseling support? Yes No

Please share any additional, relevant details

SIBLINGS

Do you have other school-aged children who attend/will be attending Yangon American?

If not at Yangon American, what school do they attend?

MEDICAL AND HEALTH INFORMATION

Please provide any medical information about your child that is necessary for the school to know before the first day they arrive. For example: My child has a severe peanut allergy.



PARENT/GUARDIAN INFORMATION *Notify the school of any changes to these details.*



Parent/Guardian 1

Title Mr Mrs Ms Dr Other

Full Name *(as in passport/ID)*

Relationship to the Student Gender Male Female

Email

Mobile Other Telephone

Passport Number Passport Country

Is this contact a fluent English speaker? Yes No If no, what language?

Parent/Guardian 2

Title Mr Mrs Ms Dr Other

Full Name *(as in passport/ID)*

Relationship to the Student Gender Male Female

Email

Mobile Other Telephone

Passport Number Passport Country

Is this contact a fluent English speaker? Yes No If no, what language?

Which contact is the primary/first point of contact? Parent/Guardian 1 Parent/Guardian 2

Which contact is responsible for signing the contract and paying the fees? Parent/Guardian 1 Parent/Guardian 2

EMERGENCY CONTACT/AUTHORIZED ADULT PICK UP INFORMATION *Notify the school of any changes to these details.*

In case of an emergency, parents will be contacted first followed by the below emergency contact(s).

Emergency Contact 1

Title Mr Mrs Ms Dr Other

Full Name *(as in passport/ID)*

Relationship to the Student Gender Male Female

Mobile Other Telephone

Is this contact a fluent English speaker? Yes No If no, what language?

Emergency Contact 2

Title Mr Mrs Ms Dr Other

Full Name *(as in passport/ID)*

Relationship to the Student Gender Male Female

Mobile Other Telephone

Is this contact a fluent English speaker? Yes No If no, what language?



REFERRAL INFORMATION

If you were referred to Yangon American by a current parent or guardian, please write their information below. If no information is listed below, you will not be eligible for the \$500 referral discount.

Student Name

Parent/Guardian Name

Parent/Guardian Contact Number

DECLARATIONS

I understand that Yangon American International School holds information about my child including, but not limited to, exam results, parent contact information, financial information, and details of medical conditions. By signing this form, I, the parent/guardian, on behalf of my child/ward, authorize the School to process such personal information as is deemed necessary for the legitimate purposes of the School.

I, the parent/guardian, confirm that all the information set out in this application is true and accurate at the time of completion. The School reserves the right to vary or reverse any decision regarding the student's admission or enrollment made on the basis of incomplete, untrue or inaccurate information.

I understand that Yangon American International School reserves the right, and the parent hereby authorizes the School, to contact the previous school, or such medical officers or other relevant persons, for further information required in relation to the child in consideration of this application.

| | | |
|--------------------------------|------------------|-------------|
| | | |
| Name of Parent/Guardian | Signature | Date |



YANGON AMERICAN INTERNATIONAL SCHOOL

+95 997 701 2100 admissions@yangonamerican.edu.mm www.yangonamerican.edu.mm

No. 2/A, Yangon-Insein Road, Building (2), No. 9 Ward, Hlaing Township, Yangon, Republic of the Union of Myanmar



Fee Information

Tuition Fees And Payment Dates

Yangon American is a leading international school in Yangon that offers a high-quality education at an economical price.

| Grade Level | Annual Fees \$US |
|------------------|------------------|
| Nursery (Half) | \$6,000 |
| Nursery (Full) | \$8,000 |
| Toddlers | \$9,500 |
| Pre Kindergarten | \$10,500 |
| Kindergarten | \$11,500 |
| First Grade | \$11,500 |
| Second Grade | \$11,500 |
| Third Grade | \$11,500 |
| Fourth Grade | \$11,500 |
| Fifth Grade | \$11,500 |
| Sixth Grade | \$13,600 |
| Seventh Grade | \$13,600 |

Tuition Fees And Payment Dates

Tuition Fees are payable in advance. Prior to the start of the school year, parents can choose one of three payment plans.

Late Payment of Tuition Fees

Tuition fees not paid within the designated timeline will not be eligible for the prepayment discount. Additionally, tuition fees remaining unpaid after the published due dates will be subjected to a US\$ 150 late payment charge.

Application Fee

A non-refundable application fee of US\$ 100 is payable upon submission of an application form to the school. This will be assessed per student. This fee is to cover the administrative costs of each application.

Enrollment Fee

A non-refundable enrollment fee of US\$ 2,000 is payable when the offer of school placement is accepted by parents or guardians. The enrollment fee is paid only once and guarantees placement for the student. The acceptance of a school place is not confirmed until the enrollment fee has been paid.

Annual Review

Tuition fees are reviewed on an annual basis.

Late Enrollment

Students joining later in the academic year (including toddlers eligible to join when they reach the required age) will be charged a pro-rated fee based on admission date.

| Child Starts In | First Trimester | Second Trimester | Third Trimester |
|--------------------|--------------------|-------------------|-------------------|
| Tuition to be Paid | 100% of Annual Fee | 70% of Annual Fee | 35% of Annual Fee |

Payment of Tuition Fees

Parents or guardians are responsible for the payment of the applicable school fees before the student can attend classes. This responsibility cannot be delegated to a company. All tuition fees are invoiced in US\$ and are payable in US\$ by cash or bank transfer. If payment is requested in MMK, the school, at its own discretion, will provide an exchange rate. Kindly note, all local and overseas bank charges are to be borne by the applicant.



Other Fees and Discounts

Additional English Language Learning

The school is able to provide additional support for English Language Learners (ELL). Students in grade one and above whose first language is not English will be observed and then if necessary recommended for the WIDA assessment. The WIDA assessment is an online exam that measures English proficiency for student's grade K-12.

Based upon the results of the WIDA assessment, students who have an overall score of 4.9 or less will be automatically enrolled in our ELL program. When they receive an overall score of 5 and above that will be exited from the program because they have demonstrated the English proficiency to learn independently. Our ELL program is mandatory for any student with a score of 4.9 or below in order to support their success as learners and their social emotional wellbeing.

The fee for this service is US\$2,100 per year. A \$700 payment can be made at the beginning of each trimester or the full payment for the year.

Uniform

All students are required to wear the Yangon American uniform. Items are priced separately and can be purchased on the school campus.

Lunch & Snacks (Optional)

Students have the option to pack their own lunch or have the school provide catered food. The price for the catered food option will be announced before the beginning of each school year based upon vendor pricing. This must be paid for in advance.

Bus Transport (Optional)

If bus transport is required, the price is based on your location. If your child is 4 years old or younger, you will need to provide a car seat in order to abide by our safety policy. This must be paid for in advance.

Sibling Discount

Starting with the second child from the same family, the tuition fee will be discounted by 5%. For the third child and above from the same family, a 10% discount will apply.

Discounts are only applicable based on the number of children enrolled for the same school year. If a child leaves the school for any reason, the discount will be reduced or eliminated.

Discounts are applied from the oldest to the youngest child. For a family with three children, the 10% discount will be applied to the youngest child.

Sibling discounts are calculated after any prepayment rebate and referral discounts.

Referral Discount

Through our New Student Referral Program, current families can earn a US\$ 500 tuition credit for every new family referred to Yangon American that enrolls.

The referred family will be awarded a US\$ 500 tuition credit for each student that is newly enrolled to Yangon American. There is no limit to the number of students or families for which you can receive credit.

Withdraw and Refund of Fees

If a child withdraws from the school during the academic year, the following refund policy will apply:

The parents or guardians must complete the school's standard Withdrawal Notification Form and submit it to the Admissions Department at least 90 calendar days prior to the child's last day of school.

The school will not refund any portion of tuition fees paid by trimester. Only tuition fees paid annually are eligible.



The school will refund a percentage of the annual tuition fee based on the date of the last day at school.

| Last Day In School | First Trimester | Second Trimester | Third Trimester |
|------------------------|-----------------|------------------|-----------------|
| Tuition to be Refunded | 65% | 30% | 0% |

Payment By Employer Or Third Party

If school fees are paid by a company or employer, parents are responsible for keeping the employer or company informed of all fees, deadlines, and payment terms. Financial responsibility for fees remains with the parents irrespective of payments made by third parties.

For full information on Fees, please contact our Admissions team at admissions@yangonamerican.edu.mm

YANGON
AMERICAN
INTERNATIONAL
SCHOOL



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Student Name: |
| Date of Birth: (Day/Month/Year) Gender: |
| Class: |
| Full Residential Address: |
| Contact Number: |
| <p>I hereby authorize the school nurse assigned by Yangon American International School to disclose the personal health information of my dependent to provide school health service, including but not limited to first-aid or basic life support. The personal health information may be disclosed to the school administration and academic staffs to evaluate my dependent's eligibility to participate in school activities.</p> <p>I understand that:</p> <ul style="list-style-type: none">i. By initialing this consent form, I give my authorization to disclose my dependent's personal health information as mentioned above. This information may be used again by recipient(s) and may no longer be protected by federal or state laws.ii. The purpose of this authorization is not to determine medical treatment or medical billing or insurance benefits. Therefore, the provision of treatment or payment for my dependent may not be conditioned on signing this authorization.iii. Health information authorized to disclose may include information related to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), genetic test results, behavioral or mental health services including treatment for alcohol and drug abuse. The initial person receiving this information will not make further release unless (i) required by law (ii) specifically authorize the Yangon American International School to make such disclosure.iv. It will be my responsibility to notify the Yangon American International School if there are any changes in health information, guardianship, living arrangements, or contact numbers.v. This authorization will expire upon exiting the school. |
| <p>By signing below, I acknowledge that I have read and accept all of the above. I also declare that all of my dependent's health information given by me are correct.</p> <p>Signature of Parent/Guardian:</p> <p>Name: Relationship to Student:</p> <p>Date:</p> |

INTERNATIONAL
SCHOOL



ကျန်းမာရေးအချက်အလက်များ သိရှိခွင့်ပြုခြင်း

(မိဘ/အုပ်ထိန်းသူ ဖြည့်စွက်ရန်)

| |
|------------------------------------------------------|
| ကျောင်းသား/သူအမည် - |
| မွေးသက္ကရာဇ် - (နေ့/လ/နှစ်) ကျား/မ- |
| အတန်း - |
| နေရပ်လိပ်စာ - |
| ဖုန်းနံပါတ် - |

ကျွန်တော်/ကျွန်မ သည် ဤခွင့်ပြုချက်ဖြင့် Yangon American International School မှ တာဝန်ပေးအပ် ထားသော ကျောင်းကျန်းမာရေးသူနာပြုအား ရှေးဦးသူနာပြုစုခြင်း သို့မဟုတ် အခြေခံအသက်ကယ်ကျန်းမာရေးစောင့်ရှောက်မှုပေးခြင်း အပါအဝင် ကျောင်းကျန်းမာရေးဝန်ဆောင်မှုများ ပေးရန်အတွက် ကျွန်တော်/ကျွန်မ သား/သမီး ၏ ကျန်းမာရေးအချက်အလက် များကို သိရှိခွင့်ပြုပါသည်။ ကျွန်တော်/ကျွန်မ သား/သမီး ၏ ကျောင်းလှုပ်ရှားမှုများတွင် ပါဝင်ရန် အရည်အချင်း ပြည့်မီမှုကို အကဲဖြတ်ရန် အတွက် ကျောင်းအုပ်ချုပ်ရေး နှင့် ပညာရေးဝန်ထမ်းများ အားလည်း ကျန်းမာရေးအချက်အလက်များကို သိရှိခွင့်ပြုပါသည်။

ကျွန်တော်/ကျွန်မ သည် အောက်ပါအကြောင်းအရာများကို နားလည်ပါသည်။

၁။ ကျွန်တော်/ကျွန်မ သည် ဤခွင့်ပြုချက်ဖောင်တွင် လက်မှတ်ရေးထိုးခြင်းအားဖြင့်၊ အထက်တွင်ဖော်ပြထားသည့်အတိုင်း ကျွန်တော်/ကျွန်မ သား/သမီး ၏ ကျန်းမာရေးအချက်အလက်များကို သိရှိရန် ခွင့်ပြုပါသည်။ ဤအချက်အလက်များကို လက်ခံသူ (များ) က ထပ်မံအသုံးပြုနိုင်ပြီး ပြည်ထောင်စု (သို့မဟုတ်) ပြည်နယ်ဥပဒေများဖြင့် အကာအကွယ်မပေးတော့ပါ။

၂။ ဤခွင့်ပြုချက်၏ ရည်ရွယ်ချက်မှာ ဆေးကုသခြင်း (သို့မဟုတ်) ဆေးဘက်ဆိုင်ရာ ငွေတောင်းခံခြင်း (သို့မဟုတ်) အာမခံ အကျိုးခံစားခွင့်များကို ဆုံးဖြတ်ရန် မဟုတ်ပါ။ သို့ဖြစ်ပါ၍ ကျွန်တော်/ကျွန်မ သား/သမီး ၏ ဆေးကုသမှု (သို့မဟုတ်) ပေးချေမှုသည် ဤခွင့်ပြုချက် နှင့် သက်ဆိုင်ခြင်း မရှိပါ။

၃။ ကျန်းမာရေးအချက်အလက်များတွင် လိင်မှတစ်ဆင့် ကူးစက်တတ်သောရောဂါများ၊ အေအိုင်ဒီအက်စ်၊ အိတ်ချ်အိုင်ဗွီ (HIV)၊ မျိုးရိုးဗီဇ စမ်းသပ်မှု ရလဒ်များ၊ အရက်နှင့် မူးယစ်ဆေးဝါး အလွဲသုံးစားမှုများအတွက် ကုသခြင်းအပါအဝင် အပြုအမူဆိုင်ရာ သို့မဟုတ် စိတ်ကျန်းမာရေး ဝန်ဆောင်မှု များ နှင့်ပတ်သက်သည့် သတင်းအချက်အလက်များ ပါဝင်နိုင်သည်။ ၎င်းသတင်းအချက်အလက်များကို ကနဦး လက်ခံရရှိသူသည် (၁) ဥပဒေအရ မလိုအပ်လျှင် (၂) Yangon American International School အား ထုတ်ဖော်ရန် သီးသန့် ခွင့်ပြုချက် မပေးလျှင် ထုတ်ဖော်ပြမည် မဟုတ်ပါ။

၄။ ကျန်းမာရေးအချက်အလက်၊ အုပ်ထိန်းမှု၊ နေထိုင်မှုအစီအစဉ် သို့မဟုတ် ဆက်သွယ်ရန်နံပါတ် ပြောင်းလဲမှု တစ်စုံတစ်ရာရှိပါက Yangon American International School အား အကြောင်းကြားရန်မှာ ကျွန်တော်/ ကျွန်မ ၏တာဝန်ဖြစ်သည်။

၅။ ကျောင်းမှထွက်သည့်အခါ ဤခွင့်ပြုချက်သည် သက်တမ်းကုန်ဆုံးမည်ဖြစ်သည်။



ကျွန်တော်/ကျွန်မ သည် အထက်ဖော်ပြပါ အချက်အားလုံးကို အောက်တွင် လက်မှတ်ရေးထိုးခြင်းဖြင့် လက်ခံပါသည်။ ကျွန်တော်/ကျွန်မ မှ ပေးထားသော ကျွန်တော်/ကျွန်မ သား/သမီး ၏ ကျန်းမာရေးအချက်အလက်များသည်လည်း မှန်ကန်ကြောင်း ထောက်ခံပါသည်။

မိဘ/အုပ်ထိန်းသူ လက်မှတ်-

အမည်-

ကျောင်းသား/သူနှင့်တော်စပ်ပုံ-

နေ့စွဲ-

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Health Information

| | | | |
|-----------------------------------------------------------------------------|------------|--------------------------|----------------|
| Student Name: | | Age/Gender: | |
| Class: | | | |
| ALLERGIES | YES | NO | UNKNOWN |
| If yes, allergy to: | | | |
| Type of Food: | | | |
| Reactions/Symptoms: | | | |
| Type of Insect: | | | |
| Reactions/Symptoms: | | | |
| Type of Medication: | | | |
| Reactions/Symptoms: | | | |
| Other Allergy Types: | | | |
| Reactions/Symptoms: | | | |
| ASTHMA | YES | NO | |
| If yes, | | | |
| Irritating factors: Environmental factors (Cold, Dust, Tobacco, etc.) | | | |
| Other factors: | | | |
| Currently prescribed medications: | | | |
| | | | |
| CONGENITAL HEART DISEASE | YES | NO | |
| If yes, | | | |
| Currently prescribed medications: | | | |
| | | | |
| | | | |
| SEIZURE DISORDER | YES | NO | |
| If yes, | | | |



Episode of seizure per month:, Duration of each episode of seizure:

Currently prescribed medications:

OTHER MEDICAL ISSUES **YES** **NO**

If yes,

Describe:

Currently prescribed medications:

DIETARY RESTRICTIONS (NOT DUE TO ALLERGY) **YES** **NO**

If yes,

Describe:

PHYSICAL ACTIVITY RESTRICTIONS RECOMMENDED BY PHYSICIAN **YES** **NO**

If yes,

Describe:

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ကျန်းမာရေးအချက်အလက်များ

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-------------------|--|------------------------|--|
| ကျောင်းသူ/သား အမည် | | | | အသက်/ကျား/မ | | | |
| အတန်း: | | | | | | | |
| ဓါတ်မတည့်မှု | | ရှိသည်။ | | မရှိပါ။ | | ရှိ/မရှိ မသိပါ။ | |
| ဓါတ်မတည့်မှုရှိလျှင် ဓါတ်မတည့်သည့် - | | | | | | | |
| အစားအစာအမျိုးအစား/အမည် | | | | | | | |
| ဖြစ်ပေါ်လာသည့် လက္ခဏာများ: | | | | | | | |
| ပိုးမွှားအမျိုးအစား/အမည် | | | | | | | |
| ဖြစ်ပေါ်လာသည့် လက္ခဏာများ: | | | | | | | |
| ဆေးဝါးအမျိုးအစား/အမည် | | | | | | | |
| ဖြစ်ပေါ်လာသည့် လက္ခဏာများ: | | | | | | | |
| အခြား ဓါတ်မတည့်သည့် အမျိုးအစား/အမည် | | | | | | | |
| ဖြစ်ပေါ်လာသည့် လက္ခဏာများ: | | | | | | | |
| ပန်းနာရင်ကျပ် | | ရှိသည်။ | | မရှိပါ။ | | | |
| ပန်းနာရင်ကျပ် ရှိလျှင် ပန်းနာရင်ကျပ် ကို ဖြစ်ပေါ်ဆိုးရွားစေသော အကြောင်းအရာများမှာ - ပတ်ဝန်းကျင်သည် (အေးလွန်းခြင်း၊ ဖုန်ထူထပ်ခြင်း၊ ဆေးလိပ်/ဆေးရွက်ကြီးအနံ့ နံခြင်း စသဖြင့်) | | | | | | | |
| (သို့မဟုတ်) အခြားအကြောင်းအရာများ: | | | | | | | |
| | | | | | | | |
| ယခုလက်ရှိ ဆရာဝန် ညွှန်ကြား၍ သောက်နေရသော ဆေးဝါးများ: | | | | | | | |
| | | | | | | | |
| မွှေးရာပါနှလုံးရောဂါ | | ရှိသည်။ | | မရှိပါ။ | | | |
| ယခုလက်ရှိ ဆရာဝန် ညွှန်ကြား၍ သောက်နေရသော ဆေးဝါးများ: | | | | | | | |
| | | | | | | | |
| အတက်ရောဂါ | | ရှိသည်။ | | မရှိပါ။ | | | |



အတက်ရောက် ရှိလျှင်-

တစ်လလျှင် တက်သော အကြိမ်အရေအတွက်၊ တစ်ခါ တက်လျှင် ကြာသောအချိန်

ယခုလက်ရှိ ဆရာဝန်ညွှန်ကြား၍ သောက်နေရသော ဆေးဝါးများ

အထက်ဖော်ပြပါ ကျန်းမာရေး ပြဿနာများ မရှိသော်ငြားလည်း အခြား ကျန်းမာရေး ပြဿနာများ ရှိသည်။ မရှိပါ။

၎င်းမှာ -

ယခုလက်ရှိ ဆရာဝန်ညွှန်ကြား၍ သောက်နေရသော ဆေးဝါးများ

ဓါတ်မတည့်မှုကြောင့် မဟုတ်ဘဲ မစားသုံးသော အစားအသောက်များ ရှိသည်။ မရှိပါ။

၎င်းအစားအသောက်များမှာ -

ဆရာဝန် ညွှန်ကြားထားသောကြောင့် ကိုယ်လက်လှုပ်ရှား အားကစားလေ့ကျင့်ခန်းများ နှင့် ပတ်သက်၍ ကန့်သတ်ချက်များ ရှိသည်။ မရှိပါ။

၎င်း ကိုယ်လက်လှုပ်ရှား အားကစားလေ့ကျင့်ခန်းများမှာ -

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Authorization For Medical Treatment and/or Emergency Medical Service

I,, hereby authorize the school personnel at Yangon American International School to provide first aid or emergency medical care to my son/daughter (Full Name) with the date of birth (DD/MM/YYYY).

In the event that my dependent is injured or ill while at Yangon American International School, I hereby give permission to provide first aid for said dependent and to take the appropriate measures, including contacting the emergency medical service and arranging for transportation to the nearest identified emergency medical facility.

In terms of medical decision, I understand that Yangon American International School will attempt to contact me. However, when I cannot be readily contacted, I offer an approval to Yangon American International School for decision making regarding emergency medical treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the condition of my dependent and that I am responsible for all treatment charges provided to my dependent during this period.

Furthermore, I authorize Yangon American International School to request, obtain, and review all information about my dependent's health, medical history, and treatment.

I have read all information above and give authorization.

Signature of Parent/Guardian:

Name of Parent/Guardian:

Date:

(This authorization will expire upon exiting the school.)

ဆေးဘက်ဆိုင်ရာကုသမှု နှင့်/သို့မဟုတ် အရေးပေါ်ဆေးဘက်ဆိုင်ရာဝန်ဆောင်မှုအတွက်ခွင့်ပြုချက်

ကျွန်တော်/ကျွန်မသည် ကျွန်တော်/ကျွန်မ ၏ သား/သမီး



(အမည်)၊ (မွေးသက္ကရာဇ်) (နေ့/လ/နှစ်)၊ အား
 ရှေးဦးသူနာပြုစုခြင်း သို့မဟုတ် အရေးပေါ်ဆေးကုသမှု ပေးဆောင်ရန် Yangon American International School မှ
 ကျောင်းတာဝန်ရှိသူများအား ခွင့်ပြုပါသည်။

Yangon American International School တွင် ကျွန်တော်/ကျွန်မ၏ သား/သမီး ဒဏ်ရာရခြင်း သို့မဟုတ် နာမကျန်းဖြစ်ပါက၊
 ဤခွင့်ပြုချက်ဖြင့် ကျွန်တော်/ ကျွန်မ၏ သား/သမီးအား ရှေးဦးသူနာပြုစုရန်နှင့် လိုအပ်လျှင်
 အရေးပေါ်ဆေးဘက်ဆိုင်ရာဝန်ဆောင်မှုကို ဆက်သွယ်၍ အနီးဆုံးသတ်မှတ်ထားသော အရေးပေါ် ဆေးဘက်ဆိုင်ရာ ဌာနသို့
 ပို့ဆောင်ရန် စီစဉ်ပေးခြင်းအပါအဝင် သင့်လျော်သောအစီအမံများကို လုပ်ဆောင်ရန် ခွင့်ပြုချက်ပေးပါသည်။

ဆေးကုသမှုဆိုင်ရာ ဆုံးဖြတ်ချက်အတွက် Yangon American International School မှ ကျွန်တော်/ကျွန်မအား တိုက်ရိုက်
 ဆက်သွယ်မည် ကို သိရှိပါသည်။ ကျွန်တော်/ကျွန်မအား ချက်ချင်း ဆက်သွယ်၍ မရခဲ့သော် ကျွန်တော်/ကျွန်မမှ Yangon American
 International School အား ဆေးကုသမှုအတွက် ဆုံးဖြတ်ပိုင်ခွင့် ပေးပါသည်။

ကျွန်တော်/ ကျွန်မ သား/သမီး ၏အခြေအနေအပေါ် စစ်ဆေးမှု သို့မဟုတ် ကုသမှု၏အကျိုးသက်ရောက်မှုနှင့် ထိုကာလအတွင်း
 ပေးဆောင်ထားသည့် ကုသမှုကုန်ကျစရိတ်အားလုံးအတွက် ကျွန်တော်/ ကျွန်မ တွင် တာဝန်ရှိ ကြောင်း သိရှိပါသည်။

ထို့အပြင်၊ ကျွန်တော်/ ကျွန်မ သား/သမီး ၏ ကျန်းမာရေး၊ ဆေးမှတ်တမ်းနှင့် ကုသမှုဆိုင်ရာ အချက်အလက်အားလုံးကို
 တောင်းဆိုခြင်း၊ ရယူခြင်းနှင့် ပြန်လည်သုံးသပ်ရန် Yangon American International School အား ခွင့်ပြုပါသည်။

ကျွန်တော်/ ကျွန်မ သည် အထက်ပါ အကြောင်းအရာများကို ဖတ်ရှုနားလည်ပြီး ခွင့်ပြုချက်ပေးပါသည်။

မိဘ/အုပ်ထိန်းသူအမည်:

လက်မှတ်:

နေ့စွဲ:

(ကျောင်းမှထွက်သည့်အခါ ဤခွင့်ပြုချက်သည် သက်တမ်းကုန်ဆုံးမည်ဖြစ်သည်။)





Immunization Information

For student's immunization information, please complete the immunization chart below and attach a copy of the immunization record.

| Vaccines | Last Effective Date (DD/MM/YYYY) |
|--------------------------------------------------------------------|----------------------------------|
| Measles/Mumps/Rubella (MMR) | |
| Diphtheria/Pertussis/Tetanus (DPT) | |
| Poliomyelitis (OPV/IPV) | |
| Hepatitis B | |
| Tuberculosis (BCG) | |
| Chicken Pox (Varicella) | |
| Haemophilus Meningitis (Hib) or Meningococcal Meningitis (MenACWY) | |

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SCHOOL



ကာကွယ်ဆေးထိုးအချက်အလက်များ

ကျောင်းသူ/သား၏ ကာကွယ်ဆေးထိုးအချက်အလက်များအတွက် ကျေးဇူးပြု၍ အောက်ပါ ကာကွယ်ဆေးထိုးခြင်းဇယားကို ဖြည့်ပြီး ကာကွယ်ဆေးထိုး မှတ်တမ်းမိတ္တူ ကို ပူးတွဲပါ။

| ကာကွယ်ဆေးများ | နောက်ဆုံးထိုးထားသည့်ရက်စွဲ (နေ့/လ/နှစ်) |
|----------------------------|-----------------------------------------|
| ဝက်သက် - ဂျိုက်သိုး | |
| ဆုံဆို့၊ ကြက်ညှာ၊ မေးခိုင် | |
| ပိုလီယို | |
| အသည်းရောင်အသားဝါ (ဘီ) | |
| ပြင်းထန်တီဘီ (ဘီစီဂျီ) | |
| ရေကျောက် | |
| ဦးနှောက်အမြှေးရောင် | |

YANGON
 AMERICAN
 INTERNATIONAL
 SCHOOL