PHOTO

APPLICATION FORM

Name : _____ _____ _____ _____

Surname First name Middle name Nick name

Date of birth: _____ _____ _____ Place of birth_____

Address_____

_____

Tel._____Nationality_____Religion _____

E-Mail: _____Line ID/We-Chat: _____

For non-Thai nationals

Copy of child's passport received including visa page ☐ (tick)

Copy of parent's passport received including visa page ☐ (tick)

For Thai nationals

Birth certificate copy received ☐ (tick)

Copy of parent's ID card received ☐ (tick)

Language: A. What is the child's home (or first) language?

☐ Thai

☐ English

☐ Other (please specify) _____

B. Is she/he bilingual? ☐ Yes ☐ No
What are the other languages he/she can speak?

(Please specify)_____

Previous schools attended:

Age	Name of school	Location	Type of school Thai//International	Period		Year or Grade Level
				From	To	

PARENT'S DETAILS

FATHER: _____ _____ _____ _____

Surname/Family Name First name Middle name Nick name

Nationality_____Passport No._____Type of Visa _____

Organization/Company_____ Position _____

Office address_____

Tel. (Office)_____ Mobile: _____ Fax. _____

Email _____Line ID/We Chat ID_____

MOTHER: _____ _____ _____ _____

Surname/Family Name First name Middle name Nick name

Nationality_____Passport No._____Type of Visa _____

Organization/Company_____ Position _____

Office address_____

Tel. (Office)_____ Mobile: _____ Fax. _____

Email _____Line ID/We Chat ID_____

EMERGENCY CONTACTS

Usually in an emergency we will call the parents at the number given above. If we cannot contact either parent, we ask for you to give us a third number whom we can contact in case of an emergency.

Name: _____Relationship: _____

Address_____

Tel. (home)_____(Mobile)_____(Office)_____

Student Photo

MEDICAL DETAILS

Child's name: _____ _____ _____ **Grade:** _____
Surname *First Name* *Nick Name*

Date of Birth: _____*(dd)*_____*(mm)*_____*(yyyy)* **Age** _____

Emergency Contact: _____ **Telephone:** _____

Emergency Contact: _____ **Telephone:** _____

Family Hospital/ Hospital for Emergencies *(mark with x)*			
Bangkok Hospital ☐	Chiang Mai Ram ☐	Lanna Hospital ☐	McCormick ☐
Sriphat Medical Centre ☐	Other (please list) ☐	Other (please list) ☐	Other (please list) ☐

Student Conditions/ Illness *(mark with x)*				
Asthma ☐	Diabetes ☐	Epilepsy ☐	Seizures ☐	Allergy ☐
Anaphylaxis ☐	G6PD ☐	Dermatitis ☐	Visual impairment ☐	Hearing Impairment ☐
Speech and Language Disorder/Delay ☐	Physical Disability ☐	Sensory Integration Issues ☐	ADHD ☐	Autism/ Asperger's ☐
Developmental Delay ☐	Travel Sickness ☐	Other ☐	Other ☐	Other ☐
DETAILS: *(Please give as much information as possible.)*				

-Does your child take any other medication, either on a regular basis or as required? Yes / No
-If yes please give details in the box below:

Name of Medication	Reason for Medication	Dosage	Frequency

Parent/Guardian Signature: _____ ***Date:*** _____

(Print Name): _____