Capital Letters Only

Student Code
School Year /
Term

Class

Application Form

Child Information

Name | Nick Name (name to be called at school)

Middle Name | Surname

Gender ☑ ☐ Boy ☐ Girl | Date of Birth (dd / mm / yyyy)

Nationality (as shown on Passport) | Passport Number (can leave blank for Thai nationality without a passport)

Based Hospital (name of hospital in which your child has records or you prefer in case of emergency)

Physical Health ☑ ☐ Good ☐ Other (Please indicate) (any physical concern of which we should be aware)

Allergy ☑ ☐ Nothing ☐ Yes (Please indicate) (things that he/she is allergic to especially diet and environment)

Milk for morning break (Choose only one) ☑ ☐ None ☐ Plain ☐ Chocolate ☐ Soya

He/She is the ☑ ☐ child of total ☐ children in the family

Previous School ☑ ☐ None ☐ Yes Name

Parent's Information

Father (MR./Dr./…)

Title | Name

Surname

Office

Mother (MS./MRS.)

Title | Name

Surname

Office

Contact

Home Address

Home Telephone | Father Mobile

Mother Mobile | email (address to which you prefer us to send files and/or information)

Emergency Number ☑ (choose only the most appropriate number for us to call) ☐ Father ☐ Mother ☐ Home ☐ Other>>

Any other relevant information

Parent's signature | Date