APLICATION FORM

PHOTO

1.5 inches

CHILD'S DETAILS

Name:_____ / _____/ _____ /_____

Surname First Name Middle Name Nickname

Date of birth: _____ / _____ /_____ place of birth:_____

Address:_____

Tel:_____ Nationality:_____

For non-Thai Nationals

Copy of child's passport including visa page ☐

Copy of parent's passport including visa page ☐

For Thai nationals

Copy of Birth certificate ☐

Copy of parent's ID card ☐

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

☐ Thai

☐ English

_____other (please specify)

B. Are they bilingual? Which other language are they proficient in?

_____ (please specify)

Age	Name of school	Location	Type of school (Thai or international)	Period		Year or Grade Level
				From	to	

PARENT'S DETAILS

FATHER

Name _____/ _____ /_____/ _____
Surname First Name Middle Name Nick Name

Nationality _____Passport No._____ Type of visa _____

Organization/Company _____Position_____

Office address _____

Tel. (Office) _____Mobile _____Fax._____

Email_____

Mother

Name _____/ _____ /_____/ _____
Surname First Name Middle Name Nick Name

Nationality _____Passport No._____ Type of visa _____

Organization/Company _____Position_____

Office address _____

Tel. (Office) _____Mobile _____Fax._____

Email_____

EMERGENCY CONTACTS

Usually in an emergency we will call the parents at the number given above. If we cannot contact either parent you might wish to give us a third number whom we can contact in an emergency.

Name of person _____relationship_____

Address _____

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

MEDICAL DETAILS

Childs Name: _____ / _____ /_____ / _____
Surname First Name Middle Name Nick Name

Date of birth_____Age_____

Name of family doctor: _____

Address _____

Tel. _____Fax._____

Name of family hospital: _____

Address _____

Tel. _____Fax._____

Name of family dentist: _____

Address _____

Tel. _____Fax._____

EATING

Does your child have any special dietary requirements? Yes / No

If yes please specify_____

Does your child have any special eating habits or food dislikes? Yes / No

If yes please specify_____

SPECIAL EDUCATIONAL NEEDS

Are you aware of any Special Educational Needs that you child might have e.g. Dyslexia, ADD etc.?

Yes / No

If yes give details _____

ALLERGIES

Is your child allergic to anything? Yes / No

If yes, what is the allergy? _____ (specify)

What practical steps need to be taken at school to prevent an allergic reaction?

(If any)? _____

What medication needs to be administered at school? (If any)_____

How often should the medication be administered? _____

Have you supplied the school with your child's medication and will you take responsibility for replacing their medication before expiry date? _____

If your child has more than one allergy, please continue on a separate sheet of paper and attach.

TRAVEL SICKNESS

Does your child suffer from travel sickness? Yes / No

If yes, do you want him/her to take medication prior to travelling? Yes / No

What medication and when should it be administered? _____

_____ (specify)

OTHER MEDICAL CONDITIONS

Does your child suffer from any other medical condition that

We should be aware of? Yes / No

If yes please provide details; _____ (specify)

SAFETY

1. Can your child swim? Yes / No
2. Does your child have any hearing problems? Yes / No

   If yes give details _____

3. Does your child have any visual problem? Yes / No

   If yes does he/she need glasses? Give details _____

Date_____ Signed _____

PARENTAL AGREEMENT

In making this application I undertake to comply with the fallowing regulations.

1. To pay the entrance fee prior to admission. I understand that the fee is not refundable.
2. To pay the termly fee before the beginning of each term. Fees are not refundable.
3. To pay the annual book fee.
4. To provide my child with a school uniform, PE kit, book bag and school bag.
5. In the event of damage or loss of the school's book(s) or equipment, I will reimburse the school for the full cost or the lost amount.
6. To provide the school with an up-to-date copy of my child's most recent school report.
7. To provide the school with up-to-date medical information and to update this if circumstances change.
8. To assist my child complete homework tasks as set by the teacher.
9. For termination of schooling I agree to provide written notification four weeks prior to the termination.
10. I agree to send my child to school every day (unless they are ill) only taking time off for holidays during school vacations.

INDEMNITY TO A.B.S. CHIANG MAI

I agree to my child _____ being included in swimming lesson, sports and Educational outings arranged by A.B.S. In the event of any injury to my child or damage / lost to the property of my child whilst participation in the above, or while on the school premises, or being transported to or from the school, I will not hold the school or any member of the school staff responsible. In signing this indemnity, I understand that in the event of an emergency every effort will be made to contact parents. If this is not possible my child will be taken to either his family doctor (as indicate on the medical details sheet) or a suitable hospital for treatment.

Date_____ Signed _____