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APPLICATION FORM CHILD'S DETAILS

| | |
|---|---|
| Photo | Name : _____ |
| | Surname First name Middle name Nick name |
| | Date of birth : _____ place of birth _____ |
| | Day Month Year |
| Address _____ | |
| Tel. _____ Nationality _____ Religion _____ | |

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? What is the other language He/She can speak?

_____ (please specify)

Previous schools attended:

| Age | Name of School | Location | Type of School | | Period | | Year or Grade Level |
|-----|----------------|----------|----------------|---------------|--------|----|---------------------|
| | | | Thai | International | From | To | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PARENT'S DETAILS

FATHER Name _____
Surname First name Middle name Nick name
 Nationality _____ Passport No. _____ Type of Visa _____
 Organisation/Company _____ Position _____
 Office address _____
 Tel.(Office) _____ Mobile _____ Fax. _____
 Email _____

MOTHER Name _____
Surname First name Middle name Nick name
 Nationality _____ Passport No. _____ Type of Visa _____
 Organisation/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. _____

Name of family hospital _____

Address _____

Tel. _____

Name of family dentist _____

Address _____

Tel. _____

EATING

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

If yes give details ;

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

If yes give details ;

SPECIAL EDUCATIONAL NEEDS

Are you aware of any special Educational Needs that your child
might have e.g. dyslexia, ADT 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 medication and will you take responsibility
for replacing their medication before the expiry date ? _____

NB 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 how 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 ; _____

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 problems ? 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 following 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 notificative 4 weeks prior to the termination.
10. I will endeavour to send my child to school everyday (unless he/she is ill) only taking them out for holidays during school vacations.
11. In the event that my child gets sick and I decide to remove my child from school I understand that the fees I have paid are non-refundable in any case.

INDEMNITY TO A.B.S. CHIANG MAI

I agree to my child _____ being included in swimming lessons, 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 participating 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 indicated on the medical details sheet) or a suitable hospital for treatment.

Date _____ signed _____