



ADMISSIONS APPLICATION FORM

2023–2024

Application N°.....

APPLICANT INFORMATION

Date of Application:	Start Date:
First Name:	Nickname:
Family Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Year Group:	Nationality:
First Language Spoken:	Others Languages Spoken
Foreign Languages studied	<input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Spanish
Current written and spoken English Level <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner	

PARENT/GUARDIAN INFORMATION

	Parent 1/Father	Parent 2 /Mother	Guardian
Title			
Family Name			
First Name			
Nationality			
Home Address in Koh Samui			
Marital status			
Child lives with	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Guardian
Relationships to child			

PARENT/GUARDIAN INFORMATION

	PARENT 1/Father	PARENT 2/Mother	GUARDIAN
Name of employer			
Business Address			
Telephone (Mobile)			
Email			
Occupation			

Responsible for paying School fees Parent 1 Parent 2 Guardian

GENERAL INFORMATION

	YES	NO	N/A
Is your child taking any medication on a regular basis			
Does your child have any physical health limitations?			
Does your child have any food allergy?			
Does your child have any special musical talent or sport skills?			
Has your child ever been suspended, asked to leave, or dismissed from school?			
Has your child been provided with academic learning support in the past?			
Has your child ever been assessed by an Educational Psychologist due to learning concerns?			
Has your child ever been assessed by an Educational Psychologist due to behavioural concerns ?			

If "Yes" to any of above, please describe and also enclose copies of the results:

<p>Authorized medication Please indicate here which medicines can be given to your child if necessary</p>
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PERSONAL MEDICAL HISTORY (This information is required for the child's benefit and safety) *Please tick as appropriate*

Medical condition / Medical history	Yes	No
Asthma		
Anxiety/Depression/Mental illness		
Cardiac condition / Heart Murmur		
Concussion		
Dental problems / Infections		
Diabetes		
Gastrointestinal problems		
Eye problems, poor vision		
Ear infection, Poor hearing		
Thyroid disorder		
Sickle cell anemia		
Rheumatic fever		
Seizures		
Skin infections / Eczema		
Mumps		
Measles		
Hepatitis B or C disease		
Tuberculosis		
Other (Please explain)		
<i>Please give more details if applicable</i>		

ADDITIONAL EMERGENCY CONTACT

Please provide details of an additional contact if parents are unreachable in the event of an emergency

TITLE:	FAMILY NAME:	FIRST NAME:
Relationship to Child		Email address:
Mobile:	Speaks English: <input type="checkbox"/> YES <input type="checkbox"/> NO If No, which Language:	

EDUCATION HISTORY

Current Curriculum:	Grade completed before entry:
Current School (Name)	
Address:	
Country:	Principal/Head's Name:
Principal/Head's email:	
Attended from _____ to _____	
Reason for leaving:	School report is attached with this application YES <input type="checkbox"/> NO <input type="checkbox"/>
School Name	
Attended from _____ to _____	
Reason for leaving:	
<p>Has your child undergone any educational psychological assessment or any other educational support assessment?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Attached</p> <p style="text-align: center;">If yes, please provide full explanation and confirm it is attached to this application</p> <p>What were the result? _____</p>	

The following documents are **required** (*scanned copies are acceptable*)

- Confirmation of medication**
Prescribed by a medical Doctor
- Photocopy of passport**
- Immunisation record card**
- Copy of last 2 years reports from school**

PARENT’S CONSENT FOR WEB AND PRINT PUBLICATION OF WORK AND PHOTOGRAPHS

The school may take appropriate photographs and video that may include your son/daughter and will be electronically published or used in printed publication. Published photos will not be accompanied by pupil names unless permission has been sought from the parent.

If you would not like your son/daughter to be photographed, or be part of a video or their work electronically published, please tick here

Signature Parent 1 / Guardian

Signature Parent 2 / Guardian

Print Name	Print name
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