

1. STUDENT INFORMATION

Full Name: Name in Thai Birth Date:

AMERICAN PREP INTERNATIONAL SCHOOL

Student Application Form

Dir ein Date.				
Nick Name:			Age:	
Gender:	0	Male	Count	try of Birth:
	0	Female		
Citizenship:			Nation	nality:
Residential Address:			•	
Postal Address:				
House Phone Number:			Mobile Number:	
School Year:			Grade	e Level:
Religious Preference:	0	Buddhism	0	Christian
	0	Islam	0	Other
Hobbies/Interests:				
FOR OFFICIAL USE (Do not fill-up	p)			
Application Form No				
Student ID Number :				
Received By :			Date :	

2. EDUCATIONAL INFORMATION			
Most recent school attended:			
Location of the school:			
Contact Number:			
Previous academic level of work:			
O Excellent		0	Average
O Good		0	Poor
Describe any special learning diffic	culties with which this	stude	ent will require assistance:
Please add any information to sup	port the application :	(ie, Sr	porting, Music, Debating,
other awards and accomplishmen		` ' '	
·			
3. MEDICAL/HEALTH INFORMATI	ON		
Indicate this student's level of ger Excellent	lerai nealth	0	Avorago
C Excellent C Good		$\frac{\circ}{\circ}$	Average Poor
Describe any health concern (physical, o	amational Etal or proble	ms of u	
Describe any nearth concern (physical, t	emotional. Etc) or proble	IIIS OI W	Thich the school should be aware.
Name of Family Physician:			
Phone Number:			
Please write any ailments, allergie	s or disabilities of thi	s stude	ent
Trease write any aminents, unergic	.5 Of disabilities of this	Juac	
This student or child is immunized	d against		
O Diphtheria	O Tetanus		Polio
Private health fund:	O retailus		7 0110
Regular medication given to this s	tudent:		
Regular medication given to this s	tuuent.		
Contact name and telephone num	her if narents are un	availah	ماه٠
Contact hame and telephone hulf	iber ii parents are una	avaliab	iic.

4. EMERGENCY CONTACT PERSON					
Name:					
Relationship:					
Address:					
Contact Number:	Home Telephone				
	Office Telephone				
	Mobile Telephone				
5. FINANCIAL INFORMATION					
Person Responsible for Payment of	of Fees and other cha	rges:			
Name:					
Relationship:					
Contact Information	Telephone				
	Facsimile				
	E-mail				
Other Address (if any):					
Preferred method of payment to	finalize the tuition fee	e and c	ther charges by the due dates?		
O Cashier Cheque	Cashier Cheque		Bank Transfer		
O Other	Other				
6. TRANSPORT INFORMATION					
Please specify the mode of transp	ortation this student	would	use to and from school:		
O Private Car			3		
O School Bus/Van					
Other	Other				
<u> </u>			<u> </u>		

7. PARENT/GUARDIAN INFORMATION					
	Father	Mother	Guardian		
Family Name:					
First Name:					
Nationality/Race:					
Religion:					
Occupation:					
Business Telephone:					
Home Telephone:					
Home Facsimile:					
Mobile Telephone:					
Email address:					
	Father	Mother	Guardian		
Marital Status:					
Language spoken					
at home:					
8. OTHER CHILDREN IN THE FAMI	LY				
First Name	School	Age	lled/Applying for admis		
			O Yes O No		
			O Yes O No		
			O Yes O No		
			O Yes O No		
** ค่าประกัน (Security Deposit) ทางโร	งเรียนจะคืนให้ในกรณีที่ผู้	ปกครองแจ้งลาออกล่ว	งหน้า 1 ภาคเรียน		
Signat	Date				
Signature of	Date				