



Enrolment No. _____
Date of acceptance _____
Start date _____
Year level _____

Enrolment Form

Section 1: General Information

Name of Child _____ Nationality _____

Date of Birth (dd/mm/yy) _____ Male Female

Passport or Thai ID number _____

Home Address _____

Child's first language _____ Child's second language _____

Mother/Guardian _____ Nationality _____

Home Address (if different from above) _____

Mobile phone _____

Work Address and Phone: _____

Email _____

Father/Guardian _____ Nationality _____

Home Address (if different from above) _____

Mobile phone _____

Work Address and Phone: _____

Email _____

Emergency Contact _____ Mobile phone _____

Section 2: Person(s) authorised to pick up child (other than parents/guardians)

Relationship to child _____ Name _____

Home Phone _____ Mobile phone _____

Relationship to child _____ Name _____

Home Phone _____ Mobile phone _____

Section 3: Previous School(s) Attendance Record (if applicable)

Name of School	Country	From Month/Year	To Month/Year	Year/Grade level	Age

English proficiency of your child

- No English Beginner Average Good

Does your child have any special needs or require learning support?

- No
- Yes – Please explain _____
- _____

Section 4: Financial Information

Address for sending invoices :

Home address mother or father

Work address mother or father

Name of person/company invoice should be made out to

Name : _____

Payments remitted from Overseas or within Thailand

Please note: If a company, or an organisation, is supporting the payment of school fee, a letter, from said company, or organisation, is required clearly accepting responsibility for payment.

The letter needs to include the name/s of child/ren. For payments from overseas an additional USD 20 will be added to the invoice for bank fees.

General Information

Child's Height: _____ cm

Child's Weight: _____ kg

Student Health History

Child's Doctor _____

Hospital _____

Has your child experienced any of the following?

Please put (X) if your child ever had			
Measles		Tuberculosis	
Chicken Pox		Epilepsy	
Mumps		Anemia	
Asthma		Diphtheria	

Congenital Disease(s) No Yes Please specify _____

Medications Allergy No Yes Please specify _____

Food Allergy No Yes Please specify _____

Surgery No Yes Please specify _____

Serious Accident No Yes Please specify _____

1. Has your child taken all the required vaccinations from birth?

(Please attach photocopy of your child's immunisation record)

2. Does child wear eye glasses? Yes No

If yes, please state the reason _____

3. Please specify any kind of food that your child cannot eat. Yes No

If yes, please state the reason _____

Children are accepted into ISC on the basis of an initial assessment, an interview with parents, previous school records (translated to English, if necessary) and medical/specialist reports if applicable. Should ISC not be able to meet the needs of the child in the mainstream classroom then parents will be consulted and recommendations from educational specialists will be considered. After due consideration, if ISC is able to accept your child(ren), you will receive an Acceptance Letter along with the Acceptance Form.

I/We hereby verify that all of the information contained in this form is accurate and complete.

<i>Signature of Parent/Guardian 1</i>	<i>Full Name</i>	<i>Date</i>

<i>Signature of Parent/Guardian 2</i>	<i>Full Name</i>	<i>Date</i>