




# Application for Admission

A separate form should be completed for each child

## 1. CHILD'S PERSONAL DETAILS

Family name	<input type="text"/>	Date of birth	<input type="text"/>	 <small>Affix photograph of child here</small>
First name	<input type="text"/>	Nationality	<input type="text"/>	
Middle name	<input type="text"/>	Religion	<input type="text"/>	
Nickname (if any)	<input type="text"/>	Place of birth	<input type="text"/>	
Passport number	<input type="text"/>	Passport issued at	<input type="text"/>	
			Gender	<input type="checkbox"/> M <input type="checkbox"/> F

## 2. DETAILS OF BROTHERS AND SISTERS

First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nickname (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
School year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current school	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male/female	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. CHILD'S LANGUAGE ABILITY

Is English the child's first language?  Y  N *If the answer is no please complete the table below*

Level of English	Very good	Good	Fair	A little
• Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which language is spoken within the family?

Which other language(s) does your child understand?

## 4. DETAILS OF PREVIOUS SCHOOLS

Age	Name of school	Country	International school	From Month/year	To Month/year	Year or grade level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. FRIENDSHIP PATTERNS

Please indicate which, if any, of the following statements most closely matches your child

- Makes friends easily
- Has a small group of close friends
- Prefers younger friends
- Is shy with new people
- Prefers older children as friends
- Usually enjoys going to school

## 6. DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES, BEHAVIOURAL OR LEARNING DIFFICULTIES?

**Physical disabilities** including visual / hearing /speech / mobility problems  Y  N

**Behavioural difficulties** including eating or sleeping problems, anxiety, depression  Y  N

### Learning difficulties

- Dyslexia / dysgraphia (reading and writing difficulties)  Y  N
- Dyscalculia (difficulties with mathematical calculations)  Y  N
- Dyspraxia (fine and gross motor skill issues)  Y  N
- Attention deficit disorder including ADD or ADHD (concentration issues)  Y  N
- Asperger's syndrome / Autism (emotional and social behaviour issues)  Y  N
- Other e.g. speech / language delay  Y  N

For any "yes" answers please give details here including any medication currently being taken

.....

.....

.....

## 7. HEALTH INFORMATION

Does your child have any medical condition or health issues that may require attention whilst at school?  Y Yes  N No

If the answer is "yes" please give details including information about any medication being taken.

.....

.....

.....

## 8. GENERAL INFORMATION ABOUT YOUR CHILD

Does he/she have any special skills or interests?

.....

.....

.....

Has he/she ever been placed out of the normal age group for his/her age? If yes, please give details.

.....

.....

.....

Please indicate the areas and/or subjects that your child enjoys most.

.....

.....

.....

## 9. PARENT'S/GUARDIAN'S DETAILS

Please enter the Father's name details first if applicable

Parent 1  Mother  Father  Other

Family name	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Passport No.	Type of visa
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Position/title	Business type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	Home telephone	<input type="text"/>
<input type="text"/>	Office telephone	<input type="text"/>
<input type="text"/>	Mobile phone	<input type="text"/>
<input type="text"/>	Email address	<input type="text"/>

Parent 2  Mother  Father  Other

Family name	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Passport No.	Type of visa
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Position/title	Business type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	Home telephone	<input type="text"/>
<input type="text"/>	Office telephone	<input type="text"/>
<input type="text"/>	Mobile phone	<input type="text"/>
<input type="text"/>	Email address	<input type="text"/>

Guardian Relationship to child:

Family name	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Passport No.	Type of visa
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Position/title	Business type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	Home telephone	<input type="text"/>
<input type="text"/>	Office telephone	<input type="text"/>
<input type="text"/>	Mobile phone	<input type="text"/>
<input type="text"/>	Email address	<input type="text"/>

## 10. PAYMENT INFORMATION

School fees paid by:

Employer  % Parent  % Guardian  %

Address for sending invoices


Address for sending correspondence


## 11. PARENTAL DECLARATION

In making this application I/we undertake and agree:

- That completion of this form does not guarantee an offer of a place at the school;
- To provide a copy of my/our child's most recent school reports at the time of assessment;
- To make all due payments in accordance with the school's schedule of fees;
- To give in writing, at least one term's notice of a student leaving the school;
- That should my/our child be offered a place at Shrewsbury International School, he/she will participate in all normal educational activities, including physical education and sports activities (including swimming), scientific work, curriculum music and drama lessons, educational visits, residential trips and outings.

## 12. INDEMNITY

- I/we hereby indemnify Shrewsbury International School, its officers and employees against any and all claims arising from any injury to my child whilst participating in any school activity, or while on school property or while travelling to or from school premises;
- I/we understand and agree that in the event of an emergency, Shrewsbury International School will make every effort to contact the parents or guardian. However if this is not possible, the pupil will be taken to either his/her family doctor (if known) or to a suitable hospital, approved by the school, for treatment.

## 13. AGREEMENT OF PARENT OR GUARDIAN

--

Signature

--

Name (please print)

--

Date of application

## 14. DOCUMENTS REQUIRED FOR ENROLMENT

- |   |                          |
|---|--------------------------|
| 1. Photocopy of child's passport and visa                       | <input type="checkbox"/> |
| 2. Photocopy of parents' passports                              | <input type="checkbox"/> |
| 3. Photocopy of parents' visas (if appropriate)                 | <input type="checkbox"/> |
| 4. Photocopy of parents' work visas (if relevant)               | <input type="checkbox"/> |
| 5. Photocopy of child's house registration (Thai families only) | <input type="checkbox"/> |
| 6. Photocopy of child's birth certificate                       | <input type="checkbox"/> |
| 7. Photocopies of previous school reports                       | <input type="checkbox"/> |
| 8. Child's medical certificate                                  | <input type="checkbox"/> |
| 9. 1 photo  | <input type="checkbox"/> |
| 10. The application fee   | <input type="checkbox"/> |

928 Rim Klong Samsen Road  
Bang Kapi, Huay Kwang  
Bangkok 10310  
Thailand

Tel: +66 2 203-1222  
Fax: +66 2 203-1228  
Email: [enquiries@shrewsbury.ac.th](mailto:enquiries@shrewsbury.ac.th)  
[www.shrewsbury.ac.th](http://www.shrewsbury.ac.th)