

APPLICATION FORM CHILD'S DETAILS

1	14a111C				
	Surnam	ne	First name	Middle name	Nick name
Photo	Date of birth:				
	Address				
	Tel.		Nationality	Rel	igion
For non-Th	ai Nationals				
Copy	y of child's passpoi	rt received	including visa pa	age	☐ (tick)
Cop	y of parent's passp	ort received	d including visa	page	☐ (tick)
<u>For Thai na</u>	<u>tionals</u>				
Birth	certificate copy re	ceived			☐ (tick)
Copy	y of parent's ID car	d received			☐ (tick)
<u>Language</u>	: A. What is	s the child'	s home (or first)) language	
	☐ Thai				
	□English	1			
		0	ther (please spe	ecify)	
	B. Is she/l	he bilingual	l? What is the ot	:her language He/S	She can speak?
		η)(olease specify)		

Previous schools attended:

Age	Name of School	Location	Type of School		Type of School Period		Year or Grade Level
			Thai	International	From	То	

PARENT'S DETAILS

FATHER Nam	e :				
	Surname	First name		name	
	Nationality	Passport No.	Тур	oe of Visa	
	Organization/Compar	ıy	Position		
	Office address				
	Tel.(Office)	Mobile		Fax.	
	Email				
MOTHER Nam	ne :				
	Surname	First name	Middle	e name	Nick nam
	Nationality	Passport No.	Тур	oe of Visa	
	Organization/Compar	ıy	Position		
	Office address				
	Tel.(Office)				
	Email				
MERGENCY (
Usuall	y in an emergency we	e will call the pare	ents at the numb	er given abc	ove. If we can
	r parent you might wis	·		_	
	of person	_			_
	SS				
) (Office)		
MEDICAL DET	AILS				
ChildsName :					
Surnam		Middle name	Nick name		
Date of birth	:/Age				
	Day Month Year				
Name of fam	ily doctor				
Address					
	ily hospital				
Address					
Tel.					

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 EDUCAIONAL 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 andattach. TRAVEL SICKNESS Does your child suffer from travel sickness. Yes/ No What medication and have should it be administered? ———————————————————————————————————	Name of family dentist	
Does your child have any special dietary requirements? Does your child have any special eating habits or food dislikes? Poes your child have any special eating habits or food dislikes? If yes give details; SPECIAL EDUCAIONAL 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? 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 andattach. TRAVEL SICKNESS Does your child suffer from travel sickness. Yes/No What medication and have should it be administered? (specify)	Address	
Does your child have any special dietary requirements? If yes give details; Does your child have any special eating habits or food dislikes? Yes / No If yes give details; SPECIAL EDUCAIONAL 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 andattach. 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 have should it be administered? (specify)	Tel	
If yes give details; Does your child have any special eating habits or food dislikes? If yes give details; SPECIAL EDUCAIONAL 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 andattach. 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 have should it be administered? (specify)	<u>EATING</u>	
Does your child have any special eating habits or food dislikes? If yes give details; SPECIAL EDUCAIONAL 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 andattach. 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 have should it be administered? (specify)	Does your child have any special dietary requirements?	Yes / No
If yes give details; SPECIAL EDUCAIONAL NEEDS Are you aware of any special Educational Needs that your child might have e.g. dyslexia, ADT etc? 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 andattach. 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 have should it be administered? (specify)	If yes give details ;	
SPECIAL EDUCAIONAL 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 andattach. 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 have should it be administered? (specify)	Does your child have any special eating habits or food dislikes?	Yes / No
Are you aware of any special Educational Needs that your child might have e.g. dyslexia, ADT etc? 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 andattach. 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 have should it be administered? (specify)	If yes give details ;	
might have e.g. dyslexia, ADT etc? 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 andattach. 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 have should it be administered? (specify)	SPECIAL EDUCAIONAL NEEDS	
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 andattach. 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 have should it be administered? (specify)	Are you aware of any special Educational Needs that your child	
Is your child allergic to anything? Is your child allergic to anything? Yes/No If yes, what is the allergy? 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 andattach. 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 have should it be administered? (specify)	might have e.g. dyslexia, ADT etc?	Yes/ No
Is your child allergic to anything? 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 andattach. 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 have should it be administered? (specify)	If yes give details	
If yes, what is the allergy?	ALLERGIES	
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 andattach. 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 have should it be administered? (specify)	Is your child allergic to anything?	Yes/No
(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 andattach. 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 have should it be administered? (specify)	If yes, what is the allergy?	specify)
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 andattach. 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 have should it be administered? (specify)	What practical steps need to be taken at school to prevent an allergic re	eaction
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 andattach. 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 have should it be administered? (specify)	(if any)?	
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 andattach. 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 have should it be administered? (specify)	What medication needs to be administered at school? (if any)	
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 andattach. 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 have should it be administered? (specify)	How often should the medication be administered?	
NB If your child has more than one allergy please continue on a separate sheet of paper andattach. 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 have should it be administered? (specify)	Have you supplied the school with your child medication and will you ta	ake responsibility
TRAVEL SICKNESS Does your child suffer from travel sickness. If yes, do you want him/her to take medication prior to travelling? What medication and have should it be administered? (specify)	for replacing their medication before the expiry date ?	
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 have should it be administered? (specify)	NB If your child has more than one allergy please continue on a separate sheet of p	paper andattach.
If yes, do you want him/her to take medication prior to travelling? What medication and have should it be administered? (specify)	TRAVEL SICKNESS	
What medication and have should it be administered?(specify)	Does your child suffer from travel sickness.	Yes/ No
(specify)	If yes, do you want him/her to take medication prior to travelling?	Yes/ No
	What medication and have should it be administered?	
OTHER MEDICAL CONDITIONS		(specify)
	OTHER MEDICAL CONDITIONS	

Does your child suffer from any other medical condition that

we should be aware of?

	If yes please provide details ;	
SAFETY	<u>, </u>	
	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	
	Day Month Year	

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 schoolfor 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 circumstanceschange.
- 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 every day (unless he/she is ill) only taking them outfor 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 BCIS	
I agree to my child	being included in swimming lessons, sports
Andeducational outings arranged by BCIS In the eve	nt of any injury to my child or damage/lost tothe property
of my child whilst participating in the above, or whi	le on the school premises, orbeing transported to or from
the school, I will not hold the school or any memb	er of the schoolstaff responsible. In signing this indemnity
I understand that in the event of an emergency e	everyeffort will be made to contact parents. If this is no
possible my child will be taken to either hisfamily	doctor (as indicated on the medical details sheet) or a
suitable hospital for treatment.	
Date/	signed
Day Month Year	