



## Kwong Chow School - English Program

525 Silom Rd., Bangrak Bangkok 10500 Thailand

Tel/Fax: +66 (0) 2 6350288 Email: info@kcsep.com

### Enrolment Procedures

Student's Name: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Class: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Surname: \_\_\_\_\_

1. Please complete the application form and medical information.
2. Submit application for admission with the following items:
  - a. 8 one –inch size photos of the child with name written on the reverse side
  - b. A recent medical report, preferably within 6 months period
  - c. A copy of the most recent school report, if relevant
  - d. Copies of the parent's and child's passport, all pages.
  - e. A copy of the house registration
  - f. A copy of the child's birth certificate
3. Upon confirmation of placement, please pay the following fees at English Program Administration Office:
  - a. Enrolment fee (one-time and not refundable)
  - b. Tuition fee (per term)
  - c. Lunch fee (per term)
  - d. If required after school classes (cash only)
  - e. Textbooks and educational materials
  - f. Uniforms (as per number of sets required)

For Official Use Only:

Name of staff attending to the visitor:	Date:	Time:
Remarks, if any:		

## Medical Information

Student's Name: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Nationality: \_\_\_\_\_

### Medical Condition(s)

- Eyesight       Asthma       Epilepsy  
 Heart       Hearing       Speech  
 Joint Problems       Diabetes      Other: \_\_\_\_\_

Does your child take medication regularly for a medical condition? Yes or No

Please give details: \_\_\_\_\_

Does this medication need to be brought to school? Yes or No

Food allergies, please give details: \_\_\_\_\_

Does your child have any physical needs, limitations, or special needs?

\_\_\_\_\_

List any medications to which your child is allergic: \_\_\_\_\_

- Paracetamol       Aspirin       Penicillin

Father's Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Home Address:

\_\_\_\_\_ Home Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Tel / Mobile \_\_\_\_\_

*I / we give our consent for \_\_\_\_\_ to be given a pain relief or reduce a fever if requested and at the discretion of the School Nurse / First Aid.*

Parent's / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Student Information

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Country of Passport: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Passport No.: \_\_\_\_\_

First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

### Current Level of English

Speak  Excellent  Good  Fair  Poor

Write  Excellent  Good  Fair  Poor

Read  Excellent  Good  Fair  Poor

Applying Admission to Grade: \_\_\_\_\_

### Previous School Attendance Record

Age	Grade	Name of School	City / Country	From (Month Year)	To (Month Year)

Has this student previously enrolled at KCSEP: Yes or No (If yes) from \_\_\_\_\_ to \_\_\_\_\_

Has this student previously applied at KCSEP: Yes or No (If yes) When? \_\_\_\_\_

Years of study in an English language school: \_\_\_\_\_

Years of study in a foreign language school: \_\_\_\_\_

Has the student ever received special needs services: \_\_\_\_\_

Has the student ever been evaluated by and educational psychologist or specialist?

Yes or No If yes, please explain \_\_\_\_\_

**Sibling Information**

Name	Name of School	Grade

**General Information**

How did you hear about KCS English Program?

- Friends                       Family                       At Work                       Web Site  
 Magazine/ Ad               Other: \_\_\_\_\_

Please rank in order the top five reasons for sending your child(ren) to Kwong Chow English Program.

- American/British Curriculum               Facilities and Resources               Class Size  
 Proximity to Residence                       Quality of Teachers                       Tuition Fees  
 School Reputation                               Extra-curricular Activities               Moral and Ethics  
 Academic Standards                               Disciplinary Code                               Student Diversity  
 English Language Instruction              Other: \_\_\_\_\_

What are your plans for your child after graduation?

\_\_\_\_\_

**Certification**

**Kwong Chow English Program of Thailand reserves the right to determine the placement of the applicant in the grade level or subjects judged most appropriate for the student's school experience and age.**

*I/we certify that the above information is complete, true and accurate and authorize the school to request further information and records for verification. I /we understand that if any information gained by the school through interviews or further reports does not match the information provided, any offer of admission may be revoked.*

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Student) \_\_\_\_\_ Date \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_

Father's Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax/ Email: \_\_\_\_\_

Foreign Ministry official Yes or No Thai Government official Yes or No

If yes, give details: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax/ Email: \_\_\_\_\_

Foreign Ministry official Yes or No Thai Government official Yes or No

If yes, give details: \_\_\_\_\_

Parents are Married Separated Divorced Father Deceased  
Mother Deceased

### Guardian / Emergency Contact Name

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax/ Email: \_\_\_\_\_

**In case of Emergency Contact** Mother Father Guardian