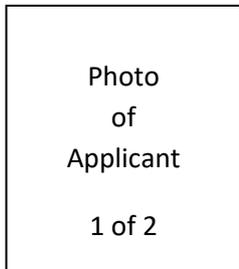




ENGLISH LANGUAGE PROGRAM

APPLICATION FORM

Student Information



Full Name *(as in passport or ID card)* _____

Preferred first name _____ *(name friends or teacher will use)*

Gender Male Female Other *(Please specify)* _____

Date of birth _____

Student's residential address _____

Student's mobile phone number _____

Country of birth _____

Nationality _____ Ethnic group/Home State: _____

National ID Card No *(if applicable)*: _____

Passport No *(if applicable)*: _____

If foreign national, list Visa type and No. Visa: _____ No.: _____

While attending the Centre, student will reside with

- Both parents Father Mother Guardian/s

Main Language spoken at home English Other _____

When do you wish the student to start at Crossroad Learning Centre? _____

In what level of the program will the student start? *(Foundation 1, F2, Year 1 etc)* _____

Most recent School _____

Present year level / Year completed _____

Religion: _____ Denomination: _____ *(optional)*

Education history:

Name of Schools previously attended	Year Levels	Years (2015 – present)	Full-time or part-time

Student's Learning and Development

Does the student have a special need which may impact learning? Yes No

Examples: ADD/ADHD, Anxiety Disorder, Autism/Asperger's Syndrome, Dyslexia, Hearing problem, Learning difficulty, Stress Disorder, Physical disability, Vision Impairment

If yes, please give details? _____

Has the student ever received "Learning Support" assistance? Yes No

If yes, for what subjects/skill areas? _____

Has the student ever been suspended, expelled or excluded from another school or education facility? Yes No

If yes, please give details? _____

Has the student ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or tobacco usage? Yes No

If yes, please give details? _____

Are there any other facts that Crossroad Centre should know about the student? Yes No

If yes, please give details? _____

Physical Development and Health

List any medication which the student is taking regularly. _____

Has the student been diagnosed with any infectious/communicable illness or condition? (eg tuberculosis, Hepatitis C, HIV/AIDS) Yes No

If yes, please give details _____

Other important medical information which the Centre should be aware of regarding allergies illnesses or health problems _____

Up to Date Immunisations

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus) | <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | | |
| <input type="checkbox"/> TB (Tuberculosis) | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> COVID-19 (#1) | <input type="checkbox"/> COVID-19 (#2) | <input type="checkbox"/> Polio |

Family Information

Person 1 – Responsible for Student’s Education and Contact with the Centre

Relationship to student Mother Father Other _____

Title (Rev/Dr/Mr/Mrs/Ms) _____

Full Name _____

First name (*name most used*) _____

Home address _____

Postal address (If different from home address) _____

Home phone no. (Include country and area codes) _____

Mobile number _____

Email address _____

Occupation _____

Employer category Private Public Govt Other _____

Workplace _____ Work Phone _____

Nationality _____

Are there any court orders or legal documentation relating to this student? Yes No

If yes, please give details and attach copies of documentation.

First language/ spoken at home English Other _____

English Language Understanding (Person 1) :

Spoken English Good Some None

Written English Good Some None

The Centre has a Christian faith foundation.

- I share a Christian faith and I am willing to support the Christian ethos of the Centre
- I do not share a Christian faith but I am willing to support the Christian ethos of the Centre.

I would like to enrol this student with CROSSROAD MAE SOT LEARNING CENTRE.

Signature _____ Date _____

Emergency Contact (other than parents)

Relationship to student _____

Title _____

Full name _____

First name (*name most used*) _____

Gender Female Male

Home address _____

Mobile number _____

Email address _____

Occupation _____

Workplace _____

Work phone number _____

Are there any other details/information you would like to (or feel you need to) tell us about the student or the student's circumstances?

Application Checklist

Please attach copies of the following:

- Completed application form
- Official ID for the student – ID card, Birth Certificate, Passport or equivalent
- A recent passport-sized photograph of the student
- Copy of parent's proof of address (*eg ID card, electricity or water account*)
- Court documents (*eg relating to custody, if applicable*)
- Registration fee – 2,000 THB (*non-refundable*)