Crossroad
Mae Sot
Learning Centre

GED PROGRAM

APPLICATION FORM

Student Information

Photo of Applicant

1 of 2

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

☐ DPT (Diptheria, Pertussis, Tetanus) ☐ MMR (Measles, Mumps, Rubella)

☐ TB (Tuberculosis) ☐ Typhoid ☐ Hepatitis B ☐ Hepatitis C

☐ Rabies ☐ COVID-19 (#1) ☐ COVID-19 (#2) ☐ 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

Other Authorised Adults who may have involvement with the enrolling student

Relationship to student ☐ Mother ☐ Father ☐ Other _____

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

Full name _____

First name *(name most used)* _____

Home address _____

_____

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

Mobile number _____

Email address _____

Occupation _____

Workplace _____

Work phone number _____

Are there any other details you would like to tell us: _____

_____

Other Family Members

Other children in the family – ***not*** enrolled / enrolling with Crossroad Learning Centre

Name: _____ age _____

Name: _____ age _____

Name: _____ age _____

Name: _____ age _____

Other children in the family - studying *(or hoping to study)* at the Centre

Name: _____ Year Level _____

Name: _____ Year Level _____

Name: _____ Year Level _____

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 proof of address *(eg ID card, electricity or water account)*
- ☐ Registration fee – 7,000 THB *(non-refundable)*