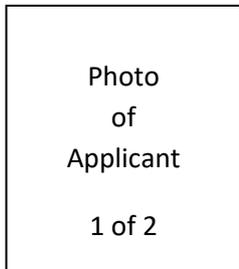




INTERNATIONAL PROGRAM

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 _____

Person 2 – 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 in regard to Person 2?

Yes No If yes, please give details and attach copies of documentation.

First language/ spoken at home English Other _____

English Language Understanding (Person 2) :

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 _____

The primary purpose of collecting this information with regard to parents or guardians of a pupil seeking enrolment at CROSSROAD MAE SOT LEARNING CENTRE is to assist the Centre in ascertaining whether we are able to provide suitable schooling for each student.. Personal or sensitive information is confidential and is stored on a secured database. Failure to disclose accurate information may affect enrolment.

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 parent's proof of address (*eg ID card, electricity or water account*)
- Court documents (*eg relating to custody, if applicable*)
- Registration fee – 10,000 THB (*non-refundable*)