

## Application Form

Name of Student: \_\_\_\_\_  
Surname First name Middle name Nick name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Contact No: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

E-mail: \_\_\_\_\_ Line: \_\_\_\_\_ Wechat: \_\_\_\_\_

### For non-Thai nationality

Copy of child's passport received including visa page  (tick)

Copy of parent's passport received including visa page  (tick)

### For Thai nationality

Copy of birth certificate received  (tick)

Copy of parent's ID received  (tick)

### Language

A. What is the child's first language?  Thai  English  
 Others (please specify) \_\_\_\_\_

B. Is he/she bilingual?  Yes  No

What other language(s) does he/she speak? (Please specify) \_\_\_\_\_

**Education History**

School Name	Country	Type of school (Thai or int'l)	Starting from	Studying until	Year/Grade

**Parent's Details**

**Father** Name: \_\_\_\_\_

Surname                      First name                      Middle name                      Nick name

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Position: \_\_\_\_\_

Office address: \_\_\_\_\_

Tel (Office): \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Line: \_\_\_\_\_ Wechat: \_\_\_\_\_

**Mother** Name: \_\_\_\_\_

Surname                      First name                      Middle name                      Nick name

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Position: \_\_\_\_\_

Office address: \_\_\_\_\_

Tel (Office): \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Line: \_\_\_\_\_ Wechat: \_\_\_\_\_

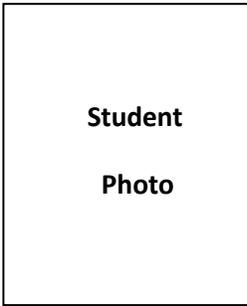
**EMERGENCY CONTACTS**

In case of an emergency we will call the parents at the number given above. If we cannot contact either parent you might wish to give us a third number whom we can contact in an emergency.

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Tel (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (office): \_\_\_\_\_



## MEDICAL DETAILS

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Surname*

*First Name*

*Nick Name*

Date of Birth: \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yyyy) Age \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Hospital/ Hospital for Emergencies <i>(mark with x)</i>			
Bangkok Hospital <input type="checkbox"/>	Chiang Mai Ram <input type="checkbox"/>	Lanna Hospital <input type="checkbox"/>	McCormick <input type="checkbox"/>
Sriphat Medical Centre <input type="checkbox"/>	Other (please list) <input type="checkbox"/>	Other (please list) <input type="checkbox"/>	Other (please list) <input type="checkbox"/>

Student Conditions/ Illness <i>(mark with x)</i>				
Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Seizures <input type="checkbox"/>	Allergy <input type="checkbox"/>
Anaphylaxis <input type="checkbox"/>	G6PD <input type="checkbox"/>	Dermatitis <input type="checkbox"/>	Visual impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
Speech and Language Disorder/Delay <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	Sensory Integration Issues <input type="checkbox"/>	ADHD <input type="checkbox"/>	Autism/ Asperger's <input type="checkbox"/>
Developmental Delay <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
<b>DETAILS:</b> <i>(Please give as much information as possible.)</i>				

**-Does your child take any other medication, either on a regular basis or as required? Yes / No**

**-If yes please give details in the box below:**

Name of Medication	Reason for Medication	Dosage	Frequency

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name): \_\_\_\_\_



## Parent/Guardian Pick Up Student Information Form

### Student Details:

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

Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_

Student  
Photo

### Parent/Guardian Contact details:

1. Name of Parent/Guardian: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/  
Guardian  
Photo

Signature of Parent or Guardian

2. Name of Parent/Guardian: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/  
Guardian  
Photo

Signature of Parent or Guardian



### **Student Pick-Up / Authorization Form**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / guardian: \_\_\_\_\_ Parent /guardian: \_\_\_\_\_

#### **Authorized Person to Pick-Up Student**

Please list all persons, besides parents/guardians, who are authorized to pick up your child from school below.

**Note:** For your child's safety, all authorized people will be asked for photo identification to match the listed person(s) below. Please inform the person on the list in advance to carry identification with them when coming to the school. If there is any change(s) on the list, please inform school office to update the record.

Name	Relationship	Minor	Phone No.

#### **Not Authorized to Pick- up Student**

Name	Do they know they cannot pick up your child	Comments

Please ✓ where applicable:

\_\_\_\_\_ My child cannot be picked up by **any unauthorized person**.

\_\_\_\_\_ I may occasionally send a friend or relative to pick up my child. If so, I will notify the office by phone or in written form on the day of the change.

NOTE: Your child WILL NOT be picked up by anyone who is not authorized. Authorization will be determined based on this form submitted by the parent. It is the parent's responsibility to keep the information up to date.

Parent/Guardian's Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_



Dear Parents/Guardians,

Re: Permission to take photos/videos of classroom and school activities for school promotion

Americana Chinese International School would like to have confirmation from parents/guardians on your agreement to allow our school to take photos/videos of your child during school hours and for all school activities. All photos/videos taken by our staff will be used solely for our school website, Facebook page, Instagram and also other activities that we are participating in.

We understand there may be privacy concerns. Therefore, we would like to get parents' permission for allow the school to take photos/videos of your child during the time they are studying at our school. We would like to emphasize once again that all the photos/videos taken will be solely used for promotional use of the school.

Please sign and return the form to your child's homeroom teacher so that we are able to confirm your child's participation. If you have any enquiries or concerns, please contact our Administration Department.

Our school policy is that parents are not permitted to take photos/videos of other students on campus as some parents may not give permission for taking any photos/videos of their child. Thank you for your cooperation.

Sincerely,

Ms. Somkit Buarawong  
School Director

Ms. Brittany Yandell  
School Principal

I, Mr./Mrs./Miss \_\_\_\_\_ Parent of \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for the school of taking photos/videos of my child for all academic year they are in ACIS

I do not give permission for the school of taking photos/videos of my child for all academic year they are in ACIS

\_\_\_\_\_ (Name & Signature of Parent) \_\_\_\_\_ (Date)



## **Indemnity to Americana Chinese International School (ACIS) Chiang Mai**

Our school provides physical education to our students, which includes swimming lessons, sports and educational outings. In the event of any injury of my child or any damage/lost to the property of my child whilst participating in the above, or while at the school premises, or being transported to and from the school, I will not hold the school or any member of the school staff responsible. By signing this indemnity, I understand that in case of emergency, every effort will be made to contact parents. If we are still not able to contact the parents, my child will be taken to either his family doctor (as indicated on the medical details form) or a suitable hospital for treatment.

I, Mr./Mrs./Miss \_\_\_\_\_ Parent of \_\_\_\_\_ Grade \_\_\_\_\_

Yes, I agree with the above statement.

No, I do not agree with the above statement

\_\_\_\_\_ (Name & Signature of Parent) \_\_\_\_\_ (Date)



## **Parental Agreement**

I mutually agree to comply with the following regulations:

1. To pay the entrance fee prior to admission. I understand that the fees are non-refundable.
2. To pay the semester fee before the start of the school semester. Fees are non-refundable.
3. To pay the life time book fee, capital improvement fee, and all other fees other than tuition fees.
4. To provide my child with school uniform, PE kit and backpack.
5. In occurrence of damage(s) or lost of book(s)/school equipment, I agree to reimburse the school with a full cost.
6. To provide the school with an up-to-date copy of my child's most recent school report and other school reports.
7. To provide the school with an up-to-date medical information and to update the information whenever change(s) occurs.
8. To assist my child in completing all homework and tasks assigned by teacher(s).
9. I agree to provide written notification 4 weeks prior to termination of schooling.
10. I will send my child to school every school day unless he/she is ill. I agree to take him/her out of school only during school holidays.

Name of Student/Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent/ Date: \_\_\_\_\_



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I, Mr./Mrs./Miss \_\_\_\_\_ Parent of \_\_\_\_\_ Grade \_\_\_\_\_

Yes, I agree with the above statement.

No, I do not agree with the above statement

\_\_\_\_\_ (Name & Signature of Parent) \_\_\_\_\_ (Date)