

Please attach recent photos here (taken within the past six months)

Father	Mother	Student
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# APPLICATION

For applying Pre K to Grade 5

**Documents to be submitted with this application** (Your application cannot be processed until **ALL** of the following have been received)

- |   |   |
|---|---|
| <input type="checkbox"/> The last two school reports (if applicable)                | <input type="checkbox"/> A copy of parents' ID cards (Thai) or passports (Non-Thai) |
| <input type="checkbox"/> A copy of student's birth certificate                      | <input type="checkbox"/> A copy of student's passport (Non-Thai)                    |
| <input type="checkbox"/> A copy of house registration of applicant and both parents | <input type="checkbox"/> A copy of visa and work permit (Non-Thai)                  |
| <input type="checkbox"/> A parent's business name card                              |   |
| <input type="checkbox"/> Application Fee 4,000 Baht : _____                         | <input type="checkbox"/> Test/Assessment Fee 3,000 Baht : _____                     |

**STUDENT'S PARTICULARS** (Please complete application with **CAPITAL LETTERS** only.)

Applying for Grade \_\_\_\_\_ Year of Entry \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_  
First Name
Family Name
Nick Name

Thai Name: \_\_\_\_\_  
ชื่อ
นามสกุล
ชื่อเล่น

Chinese Name : \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
DD/MM/YY

Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Type of Visa \_\_\_\_\_  
DD/MM/YY DD/MM/YY

Student's Mobile No. \_\_\_\_\_ Student's E-Mail \_\_\_\_\_

## STUDENT'S SIBLINGS /COUSINS IN CONCORDIAN

	Name	Nickname	M/F	Date of Birth (DD/MM/YY)	Grade/ Level	Relationship (Sibling/Cousin)
1						
2						
3						
4						

# STUDENT'S EDUCATIONAL HISTORY

	Name & Country of Schools	From (Month/Year)	To (Month/Year)	Grade / Level (From/To)	Language of Instruction
1					
2					
3					

## LANGUAGE

	First Language	Second Language	Third Language	Language usually spoken at home / with student
Child's Language <i>(please fill this out for all children 1.5 years of age and older)</i>				
Father's Language				
Mother's Language				
Caregiver's language <i>(Nanny, grandparents, etc.)</i>				

### English

a) How long has he/she been learning English and at which school?

No. of years \_\_\_\_\_ School \_\_\_\_\_

b) Is he/she studying a tutorial English program, and, if so, at which school or at home?

Yes  No

School / Home \_\_\_\_\_ Details \_\_\_\_\_

### Chinese

a) How long has he/she been learning Chinese and at which school?

No. of years \_\_\_\_\_ School \_\_\_\_\_

b) Is he/she studying a tutorial Chinese program, and, if so, at which school or at home?

Yes  No

School / Home \_\_\_\_\_ Details \_\_\_\_\_

## GENERAL INFORMATION

Is your child taking any medication on a regular basis?

Yes  No  N/A

Does your child have any physical health limitations?

Yes  No  N/A

Does your child have any food allergy?

Yes  No  N/A

Does your child have any special musical talent or sport skills?

Yes  No  N/A

Has your child ever been suspended, asked to leave, or dismissed from school?

Yes  No  N/A

Has your child been provided with academic learning support in the past?

Yes  No  N/A

Has your child ever been assessed by an Educational Psychologist due to learning concerns?

Yes  No  N/A

Has your child ever been assessed by an Educational Psychologist due to emotional or behavioural concerns?

Yes  No  N/A

If "yes" to any of the above, please describe and also enclose copies of the results:

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**FAMILY INFORMATION** (This information is required for the child's benefit and safety.)

Parents' marital status:  Married  Divorced  Separated  Remarried  Widowed

If parents are separated, divorced or remarried, please provide the following information and official documentary.

Who has the legal custody?  Father  Mother  Guardian \_\_\_\_\_ (please specify relationship to student)

Who student lives with?  Both Parents  Father  Mother  Guardian \_\_\_\_\_

**Father**  **Step Father**  **Father Deceased**  **Guardian** \_\_\_\_\_ (please specify relationship to student)

Name: MR. \_\_\_\_\_ Nationality \_\_\_\_\_

ชื่อ-นามสกุล Name in Thai (if applicable): \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Company Name \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Company Address \_\_\_\_\_  Owner  Employee

Company Phone No \_\_\_\_\_ Company or Home Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_ Type of Business \_\_\_\_\_

Education	Institution	Country	Program
High School	_____	_____	_____
Bachelor's Degree	_____	_____	_____
Master's Degree	_____	_____	_____
Other	_____	_____	_____

**Mother**  **Step Mother**  **Mother Deceased**  **Guardian** \_\_\_\_\_ (please specify relationship to student)

Name: MS./MRS. \_\_\_\_\_ Nationality \_\_\_\_\_

ชื่อ-นามสกุล Name in Thai (if applicable): \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Company Name \_\_\_\_\_ Position/Occupation \_\_\_\_\_

Company Address \_\_\_\_\_  Owner  Employee

Company Phone No \_\_\_\_\_ Company or Home Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_ Type of Business \_\_\_\_\_

Education	Institution	Country	Program
High School	_____	_____	_____
Bachelor's Degree	_____	_____	_____
Master's Degree	_____	_____	_____
Other	_____	_____	_____

## PERSONAL MEDICAL HISTORY (This information is required for the child's benefit and safety.)

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-birth คลอดก่อนกำหนด ( _____ Month/เดือน)                   | <input type="checkbox"/> Hepatitis B or C Disease ไวรัสตับอักเสบบ B หรือ C |
| <input type="checkbox"/> Asthma หอบหืด  | <input type="checkbox"/> Measles โรคหัด                                    |
| <input type="checkbox"/> Anxiety/Depression/mental illness อาการป่วยทางอารมณ์/สภาพจิตใจ | <input type="checkbox"/> Mumps โรคคางทูม                                   |
| <input type="checkbox"/> Cardiac Condition/Heart Murmur สภาวะการเต้นของหัวใจผิดปกติ     | <input type="checkbox"/> Rheumatic Fever ไข้รูมาติก                        |
| <input type="checkbox"/> Concussion การกระทบกระเทือนทางสมอง                             | <input type="checkbox"/> Seizures โรคลมชัก                                 |
| <input type="checkbox"/> Dental Problems/Infections ปัญหาช่องปาก/ติดเชื้อในช่องปาก      | <input type="checkbox"/> Skin Infections / Eczema โรคติดต่อทางผิวหนัง      |
| <input type="checkbox"/> Diabetes เบาหวาน   | <input type="checkbox"/> Sickle Cell Anemia ภาวะโลหิตจาง                   |
| <input type="checkbox"/> Gastrointestinal Problems ปัญหาเกี่ยวกับทางเดินอาหาร           | <input type="checkbox"/> Thyroid Disorder ความผิดปกติของไทรอยด์            |
| <input type="checkbox"/> Eye Problems, Poor vision ปัญหาการมองเห็น                      | <input type="checkbox"/> Tuberculosis วัณโรค                               |
| <input type="checkbox"/> Ear Infection, Poor Hearing ปัญหาการได้ยิน                     | <input type="checkbox"/> Other please explain อื่นๆ (กรุณาอธิบาย)          |

Please give more details if applicable

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### How parents came to know about Concordian International School?

- Concordian Parents ( ) please specify name \_\_\_\_\_
- Commercial Advertisement ( ) please specify media \_\_\_\_\_
- Others ( ) please specify \_\_\_\_\_

### Why do you choose to apply to Concordian International School?

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### Please give the list of schools you have already visited?

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### Who supports the student's tuition fee?

- Father       Mother       Grandparent       Company       Other \_\_\_\_\_

Have you attended our Official School Tour?  Yes  No If so, when did you visit? \_\_\_\_\_

If you have not had the opportunity to visit Concordian, please allow us to take you on a tour of our modern facilities and give you a thorough explanation of our unique curriculum. To schedule a tour, please call Admissions Officer at (66 2) 706-9000 ext. 211-212.

## PARENTAL AGREEMENT

Students may not enroll in Concordian International School unless one parent or legal guardian is living full-time in Thailand. I confirm that this child will be living with at least one parent or legal guardian while enrolled at Concordian International School. In signing this application, I give Concordian International School permission to obtain records from my child's previous school. I certify that the information given on this form is full and complete to the best of my knowledge. I understand that, if I fail to provide accurate details of important information about this child, Concordian International School reserves the right to restrict entry into or withdraw a place in this school. I also understand by submitting this application of admission and application fee does not guarantee acceptance of the student.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_  
( ) DD/MM/YY