



APPLICATION FORM

PHOTO

- * Please read the attached admissions requirements before filling in this form.
- * Write in BLOCK CAPITALS-ENGLISH only.
- * Make sure you complete all sections, attach all required documents & fees, sign & date the form.

Student ID No.

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ADMISSION INFORMATION

Date of entry _____ Term 1 / 2 / 3 Academic Year _____ / _____

Last grade/year completed : _____ Applying for Year _____

Accommodation status Day pupil Full Boarding (min. 8 yrs old) Weekly Boarding (min. 8 yrs old)

PUPIL INFORMATION

Gender Male Female

Family name : _____ Middle name: _____ First name : _____

Name in Thai : _____ Nickname: _____
(Thai students only)

Date of birth : _____ Nationality : _____

Country of birth : _____ *dd/mm/yy*

Passport No : _____

Place of issue : _____ Date of issue : _____ Expiry date : _____

Please attach a copy of passport to this application

Does your child hold dual/another citizenship? No Yes *(please complete details below)*

Nationality/Citizenship : _____ Passport No : _____ Date of issue : _____

Place of issue : _____ Expiry date : _____

Please attach a copy of passport to this application

Has your child lived in other countries? Yes No

If yes, please list where:

Application checklist

The following should be attached to this form for your application to be considered complete and ready for processing.

1. Official copy of current school report and any standardised test results or grades
2. Two recent passport-size photographs
3. Copy of applicant's passport(s) or Identification card (if Thai)
4. Copy of birth certificate
5. Copy of parents' passport or Identification card (if Thai)
6. Copy of House registration (if Thai)
7. Copy of Marriage Certificate of Parents
8. Application fee as applicable (please refer to schedule of fees)

Received Date

For office use only

Application form record date _____ / _____ / _____ By _____

Application fee paid : Receipt No. _____

Official start date _____ Year _____

Tutor: _____

Decision

- Accepted
- Rejected by School by Applicant

FAMILY DETAILS

The applicant lives with (*for day applicants - select all that apply*)

- Both parents Mother Father Step mother Step father Guardian
 Parents separated Parents divorced Father deceased Mother deceased Parents reside apart

If parents are separated, who has legal custody of the student ? _____

1) FATHER

Emergency Contact

No. 1

No. 2

No. 3

Family name :

Given name(s) :

Date of Birth

day

month

year

year

Nationality :

Home Address :

Zip/Postal code :

Home Telephone:

Fax:

Mobile:

include country,city,area code

Email Address:

Business Name / Address :

same as Home address

Occupation/Position

Employer/Company name

Address:

Zip/Postal code:

Office Telephone:

Fax:

Mobile:

include country,city,area code

Email Address:

2) MOTHER

Emergency Contact

No. 1

No. 2

No. 3

Family name :

Given name(s) :

Date of Birth

day

month

year

year

Nationality :

Home Address :

same as FATHER's

Zip/Postal code :

Home Telephone:

Fax:

Mobile:

include country,city,area code

Email Address:

Business Name / Address :

same as Home address

same as FATHER's

Occupation/Position

Employer/Company name

Address:

Zip/Postal code:

Office Telephone:

Fax:

Mobile:

include country,city,area code

Email Address:

3) GUARDIANEmergency Contact No. 1 No. 2 No. 3

Relationship to the student _____

Family name : _____ Given name(s) : _____

Date of Birth / / Nationality :
 day month year**Home Address :**

Zip/Postal code :

Home Telephone: _____ Fax: _____ Mobile: _____
include country,city,area code

Email Address: _____

Business Name / Address : *same as Home address*

Occupation/Position _____ Employer/Company name _____

Address:

Zip/Postal code:

Office Telephone: _____ Fax: _____ Mobile: _____
include country,city,area code

Email Address: _____

Preferred mailing address (select one address for each option) :**School correspondence** (letter of offer, school reports etc.)

- Father Home Mother Home Father office Mother office
 Other, please specify _____

Billing address (for School fees)

- Father Home Mother Home Father office Mother office
 Other, please specify _____
 Email _____

Invoice should be made in the name of:

- Father Mother
 Other, please specify _____

SIBLINGS

Name of brothers/sisters (CAPITALISE family name)	Date of birth	Gender	Code **

** Please indicate as applicable using codes below.

SB = studying at BIS Phuket

AB = applying to BIS Phuket

BA = BIS Phuket Alumni

E = studying elsewhere

EDUCATION INFORMATION**STUDENT BACKGROUND**

Name, address and country of schools attended:	Date From	Date To	Grade/Year	Lang. of Instruction
1.Current School				
2.Previous School				

Who is the best person to contact at your child's last/current school for more information?		
Name :	Position :	Telephone No :
Fax No :	Email address :	
Mailing address :		
Why is your child leaving his/her current school?		
Why have you selected BIS Phuket?		
How long do you intend to stay? _____		
How did you learn about BIS Phuket? _____		
<u>LANGUAGE</u>		
What is your child's first language? _____		
What language(s) is (are) spoken at home ? _____		
If your child's first language is not English, how long has your child been learning English? _____		
Where? _____		
How many lessons per week? _____		
In which other languages is your child proficient? _____		
<u>ACADEMIC INFORMATION</u>		
What are your child's strengths? _____		
What are your child's weaknesses? _____		
Does your child have any special educational needs or additional support needs? Are there any subjects or particular areas that you feel he/she needs extra help in?		
Has your child ever been assessed for learning difficulties? (e.g. by an educational psychologist) <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an identified learning difficulty such as dyslexia, ADHD, dyspraxia, Aspergers Syndrome? (If yes, please attach reports.) <input type="checkbox"/> Yes <input type="checkbox"/> No Details : _____		
Has your child been assessed as particularly gifted / talented? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details, including test/ assessment results. : _____		
Has your child ever been suspended or had to withdraw from a school for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No Details : _____		
<u>SOCIAL</u>		
Does your child have any social/friendship difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Has your child ever received help for any social, emotional or behavioural issues?

Yes No

Details :

Meeting requested with Student Support Services (SSS) team?

Yes No

ACTIVITIES AND INTERESTS

What are the child's interests, hobbies?

Any history of scholarships or awards?

Is there any other information that you want to provide that will help those teaching your child at BIS Phuket?

I declare that all information I have provided in support of this application is true. I understand that any deliberate misinformation will be grounds for the school to reject the application or to ask the student to leave the school without any compensation or refund.

I have completed this form fully and have enclosed all required attachments and the non-refundable application fee.

Signature

Relationship to student

day/month/year

MEDICAL HISTORY

Are there issues we should be aware of relating to your child?

General Health:

Yes No

Eyesight:

Yes No

Hearing:

Yes No

Please explain :

Allergies:

No Yes

Please explain :

(food, medicine, insects, plants etc.)

Reaction (mild / serious / life-threatening) :

Diet needs:

No Yes

Please explain :

Any previous injuries?

No Yes

Please explain :

Any previous surgery?

No Yes

Please explain :

Any medical or emotional problem requiring treatment?

No Yes

Please explain :

Are there any religious considerations in respect of medical treatment?

No Yes

Please explain :

Please list any medication your child takes on a regular basis and its purpose

What is your child's blood type _____

Rh _____

Has your child ever lived outside of Thailand? No Yes Please identify

Country _____ From (year) _____ To (year) _____

Country _____ From (year) _____ To (year) _____

Country _____ From (year) _____ To (year) _____

Country _____ From (year) _____ To (year) _____

Has your child ever been diagnosed with (please check X)

Diagnosed	No	Yes	Year
Asthma (หอบหืด)			
Bronchitis (หลอดลมอักเสบ)			
Cancer / Leukemia (มะเร็ง / มะเร็งเม็ดเลือดขาว)			
Chicken Pox (ไข่อีสุกอีใส)			
Convulsions / Seizures (โรคลมชัก)			
Dengue Fever (ไข้เลือดออก)			
Diabetes (เบาหวาน)			
Diphtheria (คอตีบ)			
Goiter (คอพอก)			
Heart Problem (โรคหัวใจ)			
Haemophilia (โรคเลือดฮีโมฟีเลีย)			
High Blood Pressure (ความดันโลหิตสูง)			
Kidney Disease (โรคไต)			
Measles (หัด)			
Mumps (คางทูม)			
Whooping Cough (Pertussis) (คอตีบ)			
Rheumatic Fever (ไข้อหวน)			
Rubella (หัดเยอรมัน)			
Tuberculosis (TB) (วัณโรค)			
Typhoid (ไข้ไทฟอยด์)			

VACCINATIONS

Item	1st Date	2nd Date	3rd Date	4th Date	5th Date
BCG					
Hepatitis B vaccine (HBV)					
Diphtheria, Pertussis, Tetanus (DPT)					
Oral Polio Vaccine (OPV) or Inactivated					
Polio Vaccine (IPV)					
Measles, Mumps, Rubella (MMR)					
Japanese B Encephalitis vaccine (JEV)					
Diphtheria, Tetanus (DT)					
HIB vaccine					
Hepatitis A vaccine (HAV)					
Influenza vaccine					
Chickenpox vaccine					
Pneumococcal vaccine					
Other vaccine					
Other vaccine					

Secondary Students Urinalysis

Please note that, in accordance with regulations set by the Thai Ministries of Health and Education, we have a policy of occasional urinalysis of Secondary students for illegal drugs. If any test proves positive, we will inform the parents or guardian immediately and a suspension will then follow. On returning to the school the student will then be referred for counseling.

Annual Check Up

Every year students will be offered a routine check up in accordance with current Department of Health policy. This includes:

- 1. Weight & Height Check
- 2. Eye & Vision Check
- 3. General Health & Physical Examination
(no needle)
- 4. Dental Check

If you do not wish your son/daughter to receive this check up, please let the Medical Centre know.

- Yes, I give my permission for the check up
- No, I do not give my permission for the check up

A report of this check up will be sent to the parents

PARENT'S DECLARATION

I hereby authorize do not authorize the school to administer any necessary emergency medical treatment or medication to the student, through qualified medical personnel acting on the directions of the school. I also give permission specifically for

- 1. The use of a general anesthetic to be given in an emergency. Yes No
- 2. Any emergency surgery or treatments which are considered to be necessary by the school management on the advice of qualified medical personnel. Yes No

Signature

Relationship to student

day/month/year

CONSENT FOR TAKING IMAGES:

During your child's time at BISP they may be photographed or filmed as part of normal school activities/ classes. These photos or films may be used in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes. I consent to the images being used on the website.

Signature

Relationship to student

day/month/year

5. Do you have a university course or career in mind? If so, please give details. (Year 11 and IB students only)

APPLICATION FOR BOARDING YEAR 4 - 13

1. Has your child experienced boarding at another school? Yes No
If yes, please state the school, duration, and year (grade):

2. Please write down the countries where your child has resided for the last ten years.

3. What are your expectations from BIS Phuket with regard to his/her future boarding experience?

4. What role do you want the House Parents to play in your child's life as a boarding student?

5. What do you think are the three challenges that your child will face as a boarder?

6. What are your child's traits or characteristics that will enable him/her to adjust and succeed as a boarding student?

7. Has your child ever had any discipline problems or issues? Yes No