



# Enrolment Form

**ASCOT INTERNATIONAL SCHOOL**

### Child's Particulars

Male  Female

#### Office use only :

Year: \_\_\_\_\_  
Academic Year: \_\_\_\_\_  
Date of Application: \_\_\_/\_\_\_/\_\_\_  
Other family member(s) at PPIS  
 Yes Year \_\_\_\_\_  No  
Pupil no. \_\_\_\_\_  
Family no. \_\_\_\_\_

Name \_\_\_\_\_  
Surname First Name Middle Name Nickname

Date of Birth \_\_\_\_\_ (Age) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of issue \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiry \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Type of Visa \_\_\_\_\_

Is s/he bilingual in English and another language?  Yes  No

Language spoken at home \_\_\_\_\_ Other language \_\_\_\_\_

**Student Photo**

### Previous School(s) Attendance Record

Age	Name of School	Country	International School		Period		Year Grade/Level
			Yes	No	From	To	

### Allocation and Placement to class is made ONLY by the Headmaster

Accept for : _____ Admission <input type="checkbox"/> No <input type="checkbox"/> Yes	EIC <input type="checkbox"/> No <input type="checkbox"/> Yes for _____ Term/s
Class Placement _____	Starting Date: _____

Approved for enrolment and admission:

Headmaster's Signature \_\_\_\_\_ Date \_\_\_\_\_

### INDEMNITY ASCOT INTERNATIONAL SCHOOL

I agree to my child \_\_\_\_\_ being included in supervised swimming lessons, educational outings and other educational activities arranged by the School while s/he is attending Ascot International School.

I recognise that the School uses reasonable efforts to prevent loss or damage to property, but that the primary role of the School and its staff is to supervise and care for the safety of my child while in the School's care and not protect property. Accordingly I will not hold the School or any member to the School staff in any way responsible for the loss or damage of my child's property whilst participating in the above activities, including while on the School premises or being transported to or from School, except if such loss or damage is caused by the gross negligence or wilful misconduct of the School or its staff.

I understand that the School will take all possible efforts to ensure my child is in a safe environment while either at school or traveling to or from School on one of the buses organised by the School. I understand that in the event of an emergency, every reasonable effort will be made to contact us - the parents - based on the contact information given by us to the school. If this is not possible in the event of illness or injury I understand and consent to my child being taken to either his/her family doctor (if such information has been provided to the School), or a suitable hospital for treatment.

Signature \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

## Father's Particulars

Name \_\_\_\_\_ Nationality \_\_\_\_\_  
 Surname First Name Middle Name

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Type of Visa \_\_\_\_\_  
 Day/Month/Year Day/Month/Year

Office Name \_\_\_\_\_ Position \_\_\_\_\_

E-mail address \_\_\_\_\_ Tel \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

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

Tel \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

## Mother's Particulars

Name \_\_\_\_\_ Nationality \_\_\_\_\_  
 Surname First Name Middle Name

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Type of Visa \_\_\_\_\_  
 Day/Month/Year Day/Month/Year

Office Name \_\_\_\_\_ Position \_\_\_\_\_

E-mail address \_\_\_\_\_ Tel \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

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

Tel \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

<b>Address for correspondence :</b>		<b>Address for sending invoice :</b>	
Office address of	<input type="checkbox"/> Father <input type="checkbox"/> Mother	Office address of	<input type="checkbox"/> Father <input type="checkbox"/> Mother
Home address of	<input type="checkbox"/> Father <input type="checkbox"/> Mother	Home address of	<input type="checkbox"/> Father <input type="checkbox"/> Mother

Please note that the completion of this enrolment form does not automatically ensure that your child will be offered a place at the school. In the case of non-native English speaking children, there will be a language proficiency assessment first

FOR OFFICE USE ONLY			
<b>Documents and fee required for enrolment:</b>		<b>Received by :</b>	
1. Photocopy of Parent's Passport & Visa		1. _____	<b>Date:</b> _____
2. Photocopy of child's Passport & Visa		2. _____	2. _____
3. Photocopy of child's Birth certificate		3. _____	3. _____
4. Photocopy previous School Report		4. _____	4. _____
5. Child's medical Report		5. _____	5. _____
6. 2 Photos		6. _____	6. _____
7. An enrolment fee ( not refundable )		7. _____	7. _____
<b>* Registered in class list by:</b> _____ <b>Date</b> _____		<b>Additional Information Below:</b> _____ <b>Date</b> _____	
* Entrance fee billing:		_____	
1. Invoice No. _____ THB _____	Initial _____	_____	
2. Invoice No. _____ THB _____	Initial _____	_____	

Registrar

Date

Time