



American Pacific International School

158/1 moo 3 Someong-Hangdong Road, Banpong
Hangdong, Chiangmai, 50230 Thailand

www.apis.ac.th

Phone: Tel: +66 (0)53-365303/5 Mobile: +66 (0)81-9506552,(0)94-6318778 Email: admissions@apis.ac.th

Application Form

APPLICATION CHECKLIST AND AGREEMENT

Child's Name (Surname, given name) _____ Birth date: _____
(day/month/year)

The following documents are required to complete the application/proceed with enrollment:

- _____ Non-refundable application fee
- _____ Completed Application Form (9 pages)
- _____ Copy of student's birth certificate
- _____ Copy of passports: student and parents (original must be available)
- _____ Copy of Visa/Residence Permit: student and parents (original must be available)
- _____ Official school report from last two school years in English, or verifiable English translation
Grade 9-12 applications must also provide high school transcripts
- _____ 2 passport pictures
- _____ Copy of current immunization record
- _____ Transportation request - if applicable

APIS reserves the right to request a Letter of Recommendation from an educator in the applicant's previous school speaking to the student's learning potential, behavior, and degree of parental support, and where applicable, the student's overall potential for success in a college preparatory high school program.

Submitting this application constitutes agreement with the following:

1. The parent or guardian and student admitted will abide by the school's established policies and procedures.
2. The parent or guardian understands and agrees that ELL, academic and/or diagnostic testing may be administered to the student to plan or enhance his/her educational program once he/she is registered and enrolled.
3. Photographs depicting APIS students including your child may appear in school brochures, advertisements, press releases, our school website and/or other promotional avenues deemed appropriate by our Marketing Department.
4. The parent or guardian agrees to pay all fees and tuition according to APIS policy.
5. The parent or guardian agrees to inform APIS if any circumstance or information described in the application form changes.
6. The parent or guardian understands that APIS may contact the student's previous schools in order to obtain information relevant to the student's application.
7. APIS will support the immigration and banking process for families moving to Thailand for educational purposes with a certified letter of enrollment only.
8. If a family is successful in obtaining a student or family visa with the assistance of APIS paperwork, APIS is required to communicate with the immigration office to immediately cancel the visa when a family decides to leave the country or move to different school.

I certify that the information provided in this application is complete and correct. I understand a child may be removed from enrollment at APIS if any information provided in the application is purposefully incorrect, withheld, or omitted.

Signature _____

Date: _____



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GENERAL INFORMATION

Please fill out the application forms in English.

Application Fee Paid? Yes/No (Applications cannot be processed without fee)

Applying to start school in: Day_____Month_____Year_____

Campus Preference(s):

_____ APIS Main Campus _____ APIS Primary Campus

Grade Preference: _____ Type: ☐ Day ☐ Weekly Board ☐ Full Board

Age criterion is a guideline, and the school will make final grade level placement decision.

(Please note: children in K1 and above attending APIS must be toilet-trained)

STUDENT'S PERSONAL INFORMATION

Name.....
Surname Given Name Name Prefers to be called (Nick name)

Date of Birth: Day..... Month.....Year..... Age Sex: Male ☐ Female ☐

Country & City of Birth Nationality.....

Thai ID./Passport No. Date of Expiry (DD/MM/YY)...../...../.....

Type of Visa:

Name of Siblings	Sex	Age	Grade	Current School
.....
.....
.....

For Office Use Only

Date Received: _____ Student ID #: _____

ELL class required: __ Yes __ No ELL Level_____

Place/Wait List/Deny School: _____ Grade: _____ Teacher: _____

Decision Date: _____ Start Date: _____

Reason for/ or comments on decision: _____

Please attach
passport sized
photograph



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PARENTS' INFORMATION

Local Address..... Tel:.....
.....
..... Valid from...../...../.....to...../...../.....

Address Overseas (if any) Tel:.....
.....
..... Valid from...../...../.....to...../...../.....

While attending APIS, child's guardian(s) will be: ☐ both parents ☐ father ☐ mother ☐ other.....

All school correspondence will go through the parents' personal contact information, regardless of payment arrangement. The family holds sole responsibility to maintain current contact information and maintain communication regarding school matters.

Father's Name.....

Nationality:..... Mobile or Alternate Phone No.

Name of Company/ Business

Title/ PositionOffice Tel. No.

E-mail address@..... Social Media (Line/WeChat).

Does the father understand spoken English? (Please circle) Yes / Some / None

Does the father understand written English? (Please circle) Yes / Some / None

If not, which language(s)?.....

Mother's Name.....

Nationality.....Mobile or Alternate Phone No.

Name of Company/ Business

Title/ PositionOffice Tel. No.

E-mail address@..... Social Media (Line/WeChat).

Does the mother understand spoken English? (Please circle) Yes / Some / None

Does the mother understand written English? (Please circle) Yes / Some / None

If not, which languages?.....

Please circle the email address listed above you want to serve as your primary means of contact for the school including newsletter, financial, enrollment, and time sensitive information.



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EDUCATIONAL PROFILE OF STUDENT

1. Please list all schools attended, beginning with most recent. School records must be provided for the last two school years, and three years for high school students.

School Name	Dates Attended	City/Country	Grades	Language of Instruction	School System

Last School's Contact: Tel..... E-mail.....@.....

2. Has the student been tested for or recommended for any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Gifted or talented program | <input type="checkbox"/> Language and speech disorder |
| <input type="checkbox"/> Global delays, developmental delays | <input type="checkbox"/> Dyslexia / dyspraxia / dysgraphia |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Psycholinguistic disorder | <input type="checkbox"/> Emotional/ behavioral disorder |
| <input type="checkbox"/> Attention Deficit Disorder/ADD or ADHD | <input type="checkbox"/> Autism / Asbergers |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Other | |

Please explain any of the boxes checked YES above:

3. Has the student ever skipped a grade/been promoted? ☐ Yes ☐ No If yes, which grade/s?

4. Has the student ever repeated a grade? ☐ Yes ☐ No If yes, which grade/s?

5. Has the student ever been given an Individualized Education Plan (IEP) or modified curriculum? ☐ Yes ☐ No

6. Has the student been suspended or expelled from any previous schools? ☐ Yes ☐ No

7. Has the student exhibited behavior problems at home or in a school setting? ☐ Yes ☐ No

8. Has the student participated in behavioral management, counseling, or family therapy? ☐ Yes ☐ No

9. Please provide details for the above or any other factors that the school should be aware of that might affect the success of your child: (use the reverse if needed)



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LANGUAGE AND LEARNING PROFILE

Part A: Language Information

Student's Native Language:..... Second Language:.....

Other Languages Spoken:.....

1. Is English used in the home? Yes / No If yes, what percentage?%
2. Has your child ever enrolled in a full time English speaking school? Yes / No.years
3. How many years of English language instruction has your child had?..... years.
4. Where has your child studied English? (please check and indicate the length of time)
☐ School months/years ☐ Home months/years
☐ Private tutor months/years ☐ Other (.....) months/years
5. Has your child received ESL/ELL (English Language Learner) instruction at school? ☐ Yes ☐ No
If yes, how many years has he/she been in an ESL/ELL program? month/ years

Part B: For all students

1. Does your child have outside school commitments? (e.g. music, sports, tutoring, etc.)

Activities	Days of the Week	Time (e.g. 6-8 pm)
.....
.....
.....



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PAST SCHOOL RECORDS RELEASE FORM

I hereby give my permission to the school listed below to submit a Letter of Recommendation, if requested, or to release my child's school records to American Pacific International School and to provide information regarding my student's:

- ☐ Grades and report cards
- ☐ Standardized test results
- ☐ Attendance records
- ☐ Special education records (if any)
- ☐ Discipline records
- ☐ Individualized Education Plan (if any)
- ☐ Other relevant records

Parent Signature

Date _____
(Day/Month/Year)

Name of Last School Attended School Website Address

Name of Principal or Head of School Email address

Street Address City State/Province

Country Postal Code Phone

Student's Surname and Given Name



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STUDENT'S HEALTH HISTORY

Please check if your child has received the following childhood immunizations

- | | | | | |
|----------------------------------|---|--------------------------------------|---|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> DT/DTP(Diphtheria/Tetanus/Pertussis) | <input type="checkbox"/> JEV (Japanese Encephalitis) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> BCG (Tuberculosis) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Vericella Zoster (Chicken Pox) | |

Please provide an attached copy of the above inoculations/immunizations including dates of administration.

Has your child received medical referral or treatment for any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Eye/ Ear problems | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Frequent stomachaches | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Head injury | <input type="checkbox"/> Kidney/Urinary Disease |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dermatological Disease | <input type="checkbox"/> Allergies - Environmental | <input type="checkbox"/> Gastrointestinal |
| <input type="checkbox"/> ADHD/ADD (circle) | <input type="checkbox"/> Allergies - Food | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergies - Drug | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Orthopedic concerns | <input type="checkbox"/> Other..... |

Please attach additional information or describe further any checked boxes or other health issues that will affect your child's schooling.
.....

Does your child take any medication routinely? ☐ Yes ☐ No

*If yes, please provide details. Medications can only be given at school with parental permission.

Does your child wear contact lenses or glasses? ☐ Yes ☐ No

Does your child have any limitations on physical activity? ☐ Yes ☐ No

Please provide details.....

What is your child's blood type: _____

Local Emergency Contact (other than parents)

Name.....

Relationship to FamilyHome Tel. No.

Mobile No. Social Media (Line/WeChat)

APIS transports students to an international medical care facility for emergency medical situations.

SUBMISSION OF THIS APPLICATION GIVES APIS PERMISSION FOR EMERGENCY MEASURES TO BE INITIATED IN CASE OF ACCIDENT OR SUDDEN ILLNESS WITH THE UNDERSTANDING THAT APIS WILL ATTEMPT TO CONTACT THE PARENTS AND/OR EMERGENCY CONTACT PERSON.

SUBMISSION OF THIS APPLICATION CERTIFIES THAT ALL INFORMATION GIVEN ON THIS HEALTH RECORD IS COMPLETE AND CORRECT.



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MC TRANSPORTATION APPLICATION (Optional)

Submission of the application form verifies that I understand and agree to the following conditions concerning the participation of my child in APIS school transportation:

1. Daily transportation to and from school will be provided to the main campus for day students and weekly boarding students. This is an optional service, and families may choose to provide their own transportation at their own expense.
2. The school transportation includes 2 types of service: 1/ the school bus running between the Primary Campus (PC) and the Main Campus (MC); 2/ the door to door service with mini vans picking up and dropping off students at each individual home.
3. The school bus usually leaves from the Primary Campus at 07:40 am every school day and returns from MC to PC round 4:00 pm (Mon and Fri) or 5:00 pm (Tue, Wed and Thur). Parents are responsible to send their students to PC before 07:40 am in the morning and pick up their students on time in the afternoon.
4. The school provides door to door pick-up and drop-off service to APIS day or weekly boarding students living within a reasonable distance to our primary campus (approximately 30 km). If a student lives outside of 30 km and is not in a common housing area, we can pick a child up at their house if the following condition can be met: *A van can be at the student house, still pick up other students, and arrive at MC by 8:30 a.m. The door to door van service schedules frequently change during the school year, and parent flexibility is requested.*
5. Transportation arrangements typically take up to 2 weeks to finalize. A transportation form must be submitted to the campus transportation coordinator 10 days prior to the start of services. Parents will communicate with the campus transportation coordinator to finalize details.
6. To help ensure on time arrival at school, buses or vans will wait for two minutes after the assigned pick-up time before moving to the next pick-up point.
7. The school will provide parents with the approximate drop-off time and location after school. Parents are responsible for daily supervision arrangements when a child arrives at the designated drop-off (i.e. meeting a young child at the drop-off location, providing children with house keys, training the child what to do if the parent is not at the drop-off point, etc.).
8. Traffic, city events, and accidents may disrupt a child's busing, but this does not constitute APIS's inability to fulfill its transportation obligation.
9. APIS must be notified in writing of any changes to a parent's transportation request. If you plan to alter your child's routine for a special occasion, you must communicate with the school office for that day's change.
10. The school bus or van is reserved for the transportation of APIS students. Our buses and vans stop only at APIS arranged drop-off points and any change in bus schedule or route must be facilitated through the transportation office.
11. All issues and questions related to the school transportation should be directed to the campus transportation coordinator.
12. Violation of school transportation rules can result in disciplinary action consistent with APIS policies or termination of bus / van services.



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MC TRANSPORTATION APPLICATION

Please complete this form to indicate your transportation preference (if neither box is checked, APIS understands that the parents will provide the transportation unless otherwise requested by parents)

☐ I would like my child(ren) to take the APIS School Bus. I understand the pick-up and drop-off location is APIS Primary Campus (PC).

☐ I would like my child(ren) to participate in the APIS door-to-door van transportation.
If I live outside of the area for transportation (see policy), I understand that I will either provide for the transportation of my child(ren) or work with the campus transportation coordinator to arrange a pick-up / drop off point for my child(ren).

☐ I will provide the transportation for my child(ren)

I agree to pay this optional service fee for the type of transportation I choose for my child(ren).

Parent Signature

Parent Name Printed

-----/-----/-----

Date

Child/Children's Surname:-----

Child/Children's Given name(s) Grade.....

..... Grade.....

..... Grade.....

Pick-up/home address

.....

.....

Any Special Notes

For Office Use Only

Date Received.....

Van Number Assignment.....

Start Date.....

Pick-up Time.....Drop-off Time.....

Bus driver/monitor..... Arranged by.....

Does the teacher have a copy of transportation information?