



American Pacific International School Primary

288 Moo 2, Tumbol, Maehia
Amphur Muang, Chiangmai, 50100 Thailand

www.apis.ac.th

Phone: Tel: +66 (0)53- 111 287 Fax: +66 (0)53-111218

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
- _____ 2 passport pictures
- _____ Copy of current immunization record
- _____ Transportation request – if applicable

APISP 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 APISP 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 APISP policy.
5. The parent or guardian agrees to inform APISP if any circumstance or information described in the application form changes.
6. The parent or guardian understands that APISP 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.

I certify that the information provided in this application is complete and correct. I understand a child may be removed from enrollment at APISP 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.

Please attach

Passport sized

Photograph

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

Applying to start school in: Day____Month____Year_____

Grade Preference: _____

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: _____



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PARENTS' INFORMATION

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

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

While attending APISP, 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

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:

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

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 Primary 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

- Measles Mumps Rubella DT/DTP(Diphtheria/Tetanus/Pertussis) JEV (Japanese Encephalitis)
- Polio BCG (Tuberculosis) Hepatitis B 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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Primary 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 APISP school transportation:

1. Daily transportation to and from school will be provided to APISP students living within a reasonable distance to our campuses (approximately 30 km). This does not include before or after school activities. This is an optional service, and families may choose to provide their own transportation at their own expense.
2. *Bus schedules frequently change during the school year, and parent flexibility is requested.*
3. If the above condition cannot be met, the campus transportation manager will arrange a pick-up / drop-off point for the family that would meet the above condition.
4. Transportation arrangements typically take up to one week to finalize. A transportation form must be submitted to each campus five days prior to the start of services. Parents will communicate with the campus transportation assistant to finalize details.
5. APISP will first try to arrange a pick-up at or near the child's house. In housing developments where a number of families and students live in close proximity, APISP may arrange for a centrally located pick-up/drop-off location within the development
6. 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.).
7. To help ensure on time arrival at school, busses will wait for two minutes after the assigned pick-up time before moving to the next pick-up point.
8. Traffic, city events, and accidents may disrupt a child's busing, but this does not constitute APISP's inability to fulfill its transportation obligation.
9. APISP 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, before or after school activity, etc., you must communicate with the school office for that day's change.
10. Bus space is limited and is reserved for the transportation of APISP students. Our busses stop only at APISP 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 bus transportations should be directed to the school office/administrator.
12. Violation of bus rules can result in disciplinary action consistent with APISP policies or termination of bus services.



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PC TRANSPORTATION APPLICATION

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

- I would like my child(ren) to participate in the APISP transportation. I understand that there is an additional charge for this option AND if I live outside of the area for transportation (see policy), that I will either provide for the transportation of my child(ren) or work with the campus transportation assistant to arrange a pick-up / drop off point for my child(ren).
- I will provide the transportation 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.....

<u>For Office Use Only</u>	
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? _____	