



## American Pacific International School (Primary)

288 Moo 2, Tumbol, Maehia

Amphur Muang, Chiangmai, 50100 Thailand

[www.apis.ac.th](http://www.apis.ac.th)

Phone: Tel: +66 (0)53-111 287 Fax: +66 (0)53-111 218

### Application Form

## APPLICATION CHECKLIST AND AGREEMENT

**Please fill out the application forms in English.**

**Child's Name (Surname, Given name):** \_\_\_\_\_

**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

**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.**

**For marketing purposes, please respond to the following:**

How did you hear about APISP? \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ Website

\_\_\_\_\_ Friend: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**APISP follows the Personal Data Protection Act of Thailand 2019 to ensure each student and family privacy.**

**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, unless the family informs the school in advance.
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. The parent or guardian understands that APISP transports students to an international medical care facility for emergency medical situations.
8. APISP will support the immigration and banking process for families moving to Thailand for educational purposes with a certified letter of enrollment only.
9. If a family is successful in obtaining a student or family visa with the assistance of APISP paperwork, APISP is required to communicate with the immigration office to immediately cancel the visa when a family decides to leave the country or move to a 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 APISP if any information provided in the application is purposefully incorrect, withheld, or omitted.**

**Signature**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

ELL class required: \_\_ Yes \_\_ No ELL Level\_\_\_\_\_

Place/Wait List/Deny School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Decision Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Reason for/ or comments on decision: \_\_\_\_\_

## GENERAL INFORMATION

Please attach  
Passport sized  
Photograph

### STUDENT'S PERSONAL INFORMATION

**Child's Name (Surname, Given name):** \_\_\_\_\_

**Birth date (day/month/year):** \_\_\_\_\_

Applying to start school in: Day\_\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_\_

Grade Preference: \_\_\_\_\_

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

**(Please note: Children in K1 and above, attending APISP MUST be toilet trained)**

Identifies as: 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Local Address..... Tel:.....

..... Valid from...../...../.....to...../...../.....

Address Overseas (if any) ..... Tel:.....

..... Valid from...../...../.....to...../...../.....

While attending APISP, the 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.**

**Which email address do you prefer you to serve as your primary means of contact for the school including financial, enrollment, and time sensitive information:** \_\_\_\_\_

## LEARNING PROFILE

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

## PARENTS' INFORMATION

**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/ Position ..... Office 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?.....

# EDUCATIONAL PROFILE OF STUDENT

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

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

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

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

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

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

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

# STUDENT'S HEALTH HISTORY

**Child's Name (Surname, Given name):** \_\_\_\_\_

Child's blood type: \_\_\_\_\_

**Please check if your child has received the following childhood immunizations**

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

**Please provide an attached copy of the above vaccinations/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 stomach aches | <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 checkboxes 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*)

Local Emergency Contact (other than parents)

**Name**.....

Relationship to Family ..... Home Tel. No. ....

Mobile No. .... Social Media (Line/WeChat) .....

**SUBMISSION OF THIS APPLICATION GIVES APISP PERMISSION FOR EMERGENCY MEASURES TO BE INITIATED IN CASE OF ACCIDENT OR SUDDEN ILLNESS WITH THE UNDERSTANDING THAT APISP 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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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

## **PC 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.



I will provide the transportation for my child(ren)

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? _____	