American Pacific International School
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Application Form

APPLICATION CHECKLIST AND AGREEMENT

Please fill out the application forms in English.

Child's Name (Surname, Given name): _____

Campus Preference(s):

_____ APIS Main Campus _____ APIS Primary Campus

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.

For marketing purposes, please respond to the following:

How did you hear about APIS? _____ Facebook _____ Instagram _____ Website
_____ Friend: _____
_____ Other: _____

APIS 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 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, unless the family informs the school in advance.
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. The parent or guardian understands that APIS transports students to an international medical care facility for emergency medical situations.
8. APIS 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 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 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 APIS 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

STUDENT'S PERSONAL INFORMATION

Please attach

Passport sized

Photograph

Child's Name (Surname, Given name): _____

Preferred Name (Nick Name) : _____

Birth date (day/month/year): _____

Applying to start school in: Day_____Month_____Year_____

Grade Preference: _____

Program Preference: _____ Day _____ Weekly Board _____ Full Board

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

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 APIS, 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 to 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 .....

Title/ Position .....Office 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/ 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:

- □ Gifted or talented
- □ Language or speech delay
- □ Global or developmental delays
- □ Dyslexia / dyspraxia / dysgraphia
- □ Learning disability
- □ Hyperactivity
- □ Psycholinguistic disorder
- □ Emotional/ behavioral disorder
- □ Attention Deficit Disorder/ADD or ADH
- □ Autism / Asbergers
- □ Physiotherapy
- □ Hearing impairment
- □ 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): _____

Please check if your child has received the following childhood immunizations

- □ Measles
- □ Mumps
- □ Rubella
- □ DT/DTP(Diptheria/Tetanus/Pertussis
- □ JEV (Japanese Encephalitis)
- □ Polio
- □ BCG (Tuberculosis)
- □ Hepatitis B
- □ 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?

- □ Frequent headaches
- □ Frequent stomach aches
- □ Menstrual problems
- □ Infectious Disease
- □ Dermatological Disease
- □ ADHD/ADD (circle)
- □ Cancer
- □ Depression/Anxiety
- □ Eye/ Ear problems
- □ Heart disease
- □ Head injury
- □ Tuberculosis
- □ Allergies - Environmental
- □ Allergies - Food
- □ Allergies – Drug
- □ Orthopedic concerns
- □ Epilepsy/Seizures
- □ Diabetes
- □ Kidney/Urinary Disease
- □ Asthma
- □ Gastrointestinal
- □ Blood Disorder
- □ Surgery
- □ 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*)

What is your child's blood type: _____

Local Emergency Contact (other than parents)

Name.....

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

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

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

Signature: _____ Date: _____

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

---------- Date ----------
Parent Signature (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

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 boarding 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 Boarding Campus (MBC); 2/ the door to door service with minivans 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 MBC to PC around 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 MBC 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 polices or termination of bus / van services.

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).

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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? _____