WINTER CAMP APPLICATION FORM

Camp Dates: 17 January - 5 February 2027

Photo

1.5 inch.

Student's name: ..... **Nickname:** .....

Sex: ☐ Male ☐ Female **Date of Birth:** ..... **Age:** .....

Nationality: ..... **Height:** ..... cm **Weight:** ..... kg

Current School Name: ..... **Grade/Year:** .....

City/Country: ..... **School's System:** ☐ Public ☐ Private ☐ International

Father's Name: ..... **Telephone No.:** .....

Occupation: ..... **Email Address:** .....

Mother's Name: ..... **Telephone No.:** .....

Occupation: ..... **Email Address:** .....

Camp Option: ☐ Day Camp ☐ Weekly Boarding ☐ Full Boarding

School Transportation Required: ☐ Yes ☐ No

Address in Chiang Mai / Hotel's Name: .....

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Does the student have any health issues? ☐ Yes ☐ No

If yes, please specify: .....

Does the student have any food allergies? ☐ Yes ☐ No

If yes, please specify: .....

Parent/Guardian's signature: ..... **Date:** .....

Please complete the application form and email it to us at admissions@apis.ac.th along with a copy of the student's passport.