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## APPLICATION FORM

For official use only EU  ESL  LS

ID No.:

Family No.:

Application Date:

School Code:

### STUDENT INFORMATION

Boy  Girl  Nickname:

First Name:  Surname:

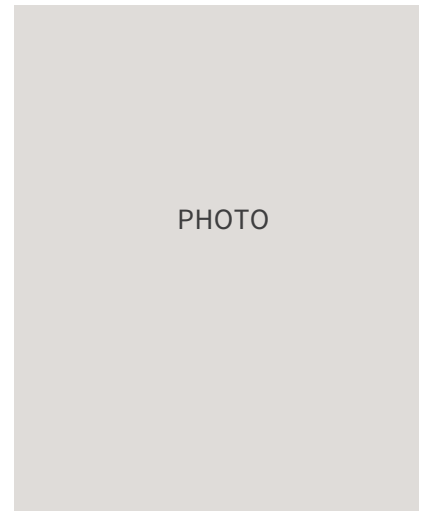
Date of Birth (DD/MM/YY):  Nationality:

Proposed Date of Entry to St. Andrews:  Proposed Year Group:

Passport Number:  Place of Issue:

Date of Issue:  Date of Expiry:  Type of Visa:

Student's Mobile Number (if applicable):  Email:



Previous School(s) Attended:

Learning Support: Has your child ever been referred (or recommended for referral) to an educational psychologist or other educational professional for an assessment? If yes, please give details here.


### LANGUAGE ASSESSMENT

First (home) language:  List any other languages understood:

Please assess your child's, as well as your own English language ability in the table below:

1 = Very Poor 2 = Poor 3 = Satisfactory 4 = Good 5 = Very Good

|        | Listening            | Speaking             | Reading              | Writing              |
|--------|----------------------|----------------------|----------------------|----------------------|
| Child  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |





**PREVIOUS SCHOOLS**

Name of school:

Country:  From:  To:  Final Year / Grade:

Reason for leaving:

Name of school:

Country:  From:  To:  Final Year / Grade:

Reason for leaving:



**PARENT/GUARDIAN INFORMATION: PARENT 1**

Title  Forename:  Surname:

Nationality:  Relationship to student:

Mobile phone number:  Home phone number:  Work phone number:

Email (home):  Email (work):

Home address (if different from child's):

Company name:  Position:

Company address:

Does your company support school fees? Yes  No



**PARENT/GUARDIAN INFORMATION: PARENT 2**

Title  Forename:  Surname:

Nationality:  Relationship to student:

Mobile phone number:  Home phone number:  Work phone number:

Email (home):  Email (work):

Home address (if different from child's):

Company name:  Position:

Company address:

Does your company support school fees? Yes  No

 **DECLARATION**

I hereby confirm that I wish for my son/daughter to be assessed for a place at St. Andrews International School Bangkok. I understand that this application does not guarantee my son/daughter a place at the school. I enclose with my application (please tick):

**ALL APPLICANTS**

- A copy of my child's birth certificate or passport
- A copy of his/her parents' passports
- A copy of his/her two most recent school reports (officially translated into English)
- Where applicable, a copy of any educational psychologist's or medical reports
- 2 x photographs for each parent (1 inch by 1 inch)
- 4 x photographs of child (2 inches by 2 inches)
- The 4,200 THB Application Fee

**ADDITIONAL DOCUMENTS FOR THAI APPLICANTS ONLY**

- A photocopy of your House Registration  ID Card

|                              |      |      |
|------------------------------|------|------|
|                              |      |      |
| Signed (Parent / Guardian 1) | Name | Date |
|                              |      |      |
| Signed (Parent / Guardian 2) | Name | Date |

 **PARENT/GUARDIAN MEDICAL CARE DECLARATION**

If your child becomes sick at school we will contact you. We will provide basic first aid and stay with your child until you or a carer arrives. **In an emergency:** We will provide first aid to your child and your child will be taken to the nearest hospital by a member of staff and a helper. You will be contacted immediately and asked to meet us at the hospital.

Please tick the following:

**YES    NO**

- Fever:** To bring down their temperature, we will sponge your child with cool water and give paracetamol (tablet or syrup).
- Cuts and Bruises**
- Cut:** Clean the wound with sterile solution, apply antiseptic and bandaging.
- Bruise:** Cold compress will be used to bring down the swelling of a bad bruise.

I authorise the school to administer any necessary emergency treatment or medication to my child. In case of emergency, and in the event that the above contact(s) not available, I delegate authority and give my consent to the Head of Phases, Head of School, or to the Head of School's specified agent to arrange any necessary emergency medical care.

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

Full name \_\_\_\_\_



## MEDICAL INFORMATION

Family Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



## HEALTH INSURANCE INFORMATION

Does the student have health insurance?  Yes  No

Company \_\_\_\_\_ Representative's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Country \_\_\_\_\_



## PAST MEDICAL HISTORY

Has the student ever been diagnosed with the following (please tick):

| DIAGNOSED                                       | NO | YES | REMARK |
|---|----|-----|--------|
| ADHD (Attention Deficit Hyperactivity Disorder) |    |     |        |
| Asthma, wheezing or other lung conditions       |    |     |        |
| Back pain or spinal condition                   |    |     |        |
| Bleeding disorder / Blood disease               |    |     |        |
| Bone and joint disease or injury                |    |     |        |
| Convulsions / Epilepsy / Seizures               |    |     |        |
| Depression, anxiety or psychological symptoms   |    |     |        |
| Hearing impairment                              |    |     |        |

Other (please describe) \_\_\_\_\_

Any previous injury?  Yes  No Please specify \_\_\_\_\_

Any previous surgery?  Yes  No Please specify \_\_\_\_\_

Any medical or emotional problem requiring treatment?  Yes  No Please specify \_\_\_\_\_

Any allergies (food, medicine, insects, plants etc.)?  Yes  No Please specify \_\_\_\_\_

Any special dietary requirements?  Yes  No Please specify \_\_\_\_\_

Has your child had a recent/up-to-date injection for:

TETANUS  Yes [Date: \_\_\_\_\_]  No

HEPATITUS  Yes [Date: \_\_\_\_\_]  No

JAPANESE ENCEPHALITIS \*  Yes [Date: \_\_\_\_\_]  No

\* Japanese Encephalitis is another injection you may wish your child to have, particularly for visits to the North of Thailand.



## GENERAL INFORMATION

Student's name:  Middle name:

Surname:  Nickname:  Year Group:

Student's Mobile:  Email:

Sex:  Male  Female Date of Birth: Day  Month  Year

Home address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address for sending invoice:  Home  Office  Other (please indicate below)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## PARENTS/GUARDIAN NAME

|           | FATHER | MOTHER | GUARDIAN (if applicable) |
|-----------|--------|--------|--------------------------|
| Name      |        |        |                          |
| Work Tel. |        |        |                          |
| Fax       |        |        |                          |
| Home Tel. |        |        |                          |
| Mobile    |        |        |                          |
| Email     |        |        |                          |



## EMERGENCY CONTACT

In case of emergency, illness or accident, the school is authorised to proceed in the order you have indicated below:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_



## PERSONAL INFORMATION COLLECTION STATEMENT

The personal data collected from applicants and/or their parents/guardians pursuant to this application form will be handled by our staff, kept confidential and used by St. Andrews International School Bangkok (“we” or “us”) for lawful and relevant purposes including but not limited to:

- (a) assessing the suitability of applicants’ admission to St. Andrews International School Bangkok (the “School”);
- (b) processing applications for admission;
- (c) verification of the applicant’s examination results, academic records and other information;
- (d) school administration and operation after admission;
- (e) sending communications to parents and students including but not limited to newsletters and information about events and extra-curricular activities provided by the School or third party providers;
- (f) statistical and research purposes;
- (g) other school related purposes; and
- (h) alumni activities.

If any of our communications constitute direct marketing we will separately seek your consent where required by law. We may disclose some of the data to third parties such as agencies (including the Thai government), service providers and contractors (whether within or outside Thailand) appointed by us to undertake some of our academic, pastoral and administrative functions. This includes transferring data between affiliates. We will not disclose any personal data to any external bodies or organisations unless:

- (a) Such disclosure is expressly provided for under this Statement;
- (b) Permitted to do so by the applicant or his/her parent/guardian; and/or
- (c) Permitted or required by law.

Personal data may be stored in NAE database systems (which may be located within or outside Thailand) and online portals and where the application is successful, such personal data will form part of the applicant’s official student records. It may also be stored in online student resources such as the global classroom.

Where such personal data is not required to be retained by law, such personal data will be destroyed with 24 months (or earlier, if required or permitted by law) following rejection of the application.

If a Parent Teacher Association (PTA) is established, we may provide such personal data to the relevant PTA for inclusion in the PTA directory and other PTA activities. If an applicant or his/her parents/guardians do not wish for such data to be included in the PTA directory, please inform us. We may place a student’s photo, name or school work in our website or publications. In the event that a student already has a sibling at the School, the records of such sibling will be updated according to the data provided on the new student’s enrolment form where relevant. Failure to provide the requested data may result in us being unable to process the application and may influence the outcome of the application.

All practicable steps will be taken to ensure that personal data held by us is accurate. We will take all practicable and reasonable steps to ensure security of the personal data and to avoid unauthorised or accidental access, collection, use, disclosure, copying, modification, disposal, erasure or other use. Applicants or their parents/guardians have the right to access or correct personal data held by the School. Requests for access and correction should be addressed in writing to the Head of School (addressed to the School). We may levy a charge for accessing the information.

The terms of NAE’s privacy policy can be found at [www.nordanglia.com](http://www.nordanglia.com).

I, \_\_\_\_\_, consent to the collection, use, disclosure, processing and transfer of my personal data, including health data, as set out in the Personal Information Collection Statement.

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



## INDEMNITY TO ST. ANDREWS INTERNATIONAL SCHOOL BANGKOK

I agree to my child, \_\_\_\_\_, being included in swimming lessons, educational outings and other educational activities arranged by the School while he/she is attending St. Andrews International School Bangkok. I give permission for my child to be photographed/filmed for use in school publications, including but not limited to, publication via website or other technological publications, newsletters, newspapers, or magazines. In the event of an injury to my child or damage to the property of my child whilst participating in the above, or while on the school premises or being transported to or from the school, I will not hold the School or any member of the school staff responsible. In the event my child travels to or from school on one of the buses organised by the School Transport Department, I agree that in the event of any injury to my child I will not hold the School Transport Department or any of its members liable. Therefore, in signing this indemnity, I understand that in the event of an emergency, every effort will be made to contact parents. If this is not possible, my child will be taken to either his/her family doctor, or to a suitable hospital for treatment.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Father)

Signature \_\_\_\_\_ (Mother)

Signature \_\_\_\_\_ (Guardian)



**SCHOOL BUS REQUEST FORM**

Student's name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nickname: \_\_\_\_\_ Class: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Please tick appropriate box:

- 5 **return** journeys per week   
  5 **single** journeys per week   
  Occasional use (Please indicate .....)

Remark \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAP**