



33/3 Moo 1, Pong, Banglamung, Chonburi 20150, Thailand  
Telephone: +66 (0) 38 418 777 Email: admissions@regents-pattaya.co.th  
www.regents-pattaya.co.th

# APPLICATION FORM

For official use only REAL EAL LS RISE

ID No:

Application Date:



## STUDENT INFORMATION

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Nationality (if dual, please state): \_\_\_\_\_ Boy Girl  
Home address in Thailand (if known): \_\_\_\_\_  
Current school: \_\_\_\_\_ Current year group/grade: \_\_\_\_\_  
Proposed date of entry to Regents International School Pattaya: \_\_\_\_\_ Proposed year group: \_\_\_\_\_ Place type: Day Boarder  
Passport number: \_\_\_\_\_ Expiry date: \_\_\_\_\_



Please list here any information which is relevant to your child's application e.g. scholarships or certificates awarded, Music or Drama qualifications achieved, etc.

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 son's/daughter'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				
Mother				
Father				



**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



**PARENTS/GUARDIANS INFORMATION: PARENT ONE**

Title: Forename: Surname:

Nationality: Relationship to student:

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

Email address (home): Email address (work):

Home address (if different from child's above):

Company name: Occupation: Email of HR Manager:

Company address:

Does your company support school fees? Yes No



**PARENTS/GUARDIANS INFORMATION: PARENT TWO**

Title: Forename: Surname:

Nationality: Relationship to student:

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

Email address (home): Email address (work):

Home address (if different from child's above):

Company name: Occupation: Email of HR Manager:

Company address:

Does your company support school fees? Yes No



**YOUR CHILD**

Child's full name:

Doctor's name in Thailand (if available):

Doctor's phone number in Thailand (if available):

Surgery/clinic name and address in Thailand (if available):

**HEALTH HISTORY**

Please indicate whether your son/daughter has a history of any of the following and provide details as appropriate:

Asthma	Yes	No	Details:
Insect sting reactions	Yes	No	Details:
Convulsions	Yes	No	Details:
Diabetes	Yes	No	Details:
Ear/hearing problems	Yes	No	Details:
Vision problems	Yes	No	Details:
Head injury/Concussion	Yes	No	Details:
Food/Drug allergies	Yes	No	Details:
Heart condition	Yes	No	Details:
Digestive problems	Yes	No	Details:
Respiratory difficulties	Yes	No	Details:
Special diet	Yes	No	Details:

Please identify any medication that your son/daughter must take while at school. Please be specific about timings and dosage:



Are there any emotional restrictions or limitations to your son/daughter's physical activities?  
If yes, please explain:

Yes No

Are there any other medical or emotional issues that the school should be aware of?  
If yes, please describe:

Yes No

Are there any specific religious beliefs that impact upon the administration of medical care?  
If yes, please describe:

Yes No

Has your child ever required the services of  
an Educational Psychologist, Paediatrician, Mental Health services or Occupational Therapist?

Yes No

Has your child ever had language/speech problems which required therapy?

Yes No

Has your child ever has an Individual Education Plan (IEP) or statement?

Yes No

Is your child disabled in any way including hearing impairment,  
sight impairment, sensory impairment or physical disability?

Yes No

Does your child currently take any medication?

Yes No

Has your child ever been diagnosed with a form of Autism, Attention Deficit and  
Hyperactive Disorder (ADHD), Attention Deficit Disorder (ADD) Oppositional Defiant Disorder (ODD)?

Yes No



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**DECLARATION**

I hereby confirm that I wish for my son/daughter to be assessed for a place at Regents International School Pattaya. I understand that this application does not guarantee my son/daughter a place at the school.

The information provided within the Health Declaration is accurate insofar as we know it. My son/daughter has permission to engage in all school activities except as noted above.

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 if required)

Where applicable, a copy of any educational psychologist’s or medical reports

1 x photograph for each parent

1 x photograph of child

The THB 7,200 Application Fee

**ADDITIONAL DOCUMENTS FOR THAI APPLICANTS ONLY**

A photocopy of your House Registration

ID Card



\_\_\_\_\_  
Signature (Parent / Guardian 1)                      Name    Date



\_\_\_\_\_  
Signature (Parent / Guardian 2)                      Name    Date