



PREVIOUS SCHOOLS (starting from most recent school attended)

Name of school:

Country: From: To: Final Year/Grade:

Reason for leaving:

Name of school:

Country: From: To: Final Year/Grade:

Reason for leaving:

Name of school:

Country: From: To: Final Year/Grade:

Reason for leaving:

Name of school:

Country: From: To: Final Year/Grade:

Reason for leaving:

SIBLINGS

Sibling 1

Name: Age: School currently enrolled:

Sibling 2

Name: Age: School currently enrolled:

Sibling 3

Name: Age: School currently enrolled:

ENGLISH PROFICIENCY & LANGUAGE ASSESSMENT

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 | | | | |
| Mother/Guardian | | | | |
| Father/Guardian | | | | |

First (strongest) language:

Foreign language(s) previously studied:

List any other language(s) understood:



MEDICAL INFORMATION

Family Doctor's Name: _____ Hospital: _____
 Contact Number: _____ Fax: _____ Email: _____

HEALTH INSURANCE INFORMATION

Does your child have health insurance? Yes No
 Company: _____ Representative's Name: _____
 Policy Number: _____ Country: _____

PAST MEDICAL HISTORY

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

| | | | |
|---|-----|----|-------------------|
| Asthma, wheezing or other lung conditions | Yes | No | Details: |
| Back pain or spinal condition | Yes | No | Details: |
| Bleeding disorder / Blood disease | Yes | No | Details: |
| Bone and joint disease or injury | Yes | No | Details: |
| Convulsions / Epilepsy / Seizures | 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: |
| Special diet | Yes | No | Details: |
| Ear / hearing impairment | Yes | No | Details: |
| | | | Date last tested: |
| Vision impairment | Yes | No | Details: |
| | | | Date last tested: |
| Other (please describe): | | | |

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

| | | | |
|------------------------|-----|-------|----|
| DPT/Dtap | Yes | Date: | No |
| Hepatitis A | Yes | Date: | No |
| Hepatitis B | 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.



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 Group (PTG) is established, we may provide such personal data for inclusion in the PTG directory and other PTG activities. If an applicant or his/her parents/guardians do not wish for such data to be included in the PTG 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

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 applicant’s birth certificate or passport
- A copy of parents’/guardians’ passports
- A copy of applicant’s reports from the past two years (officially translated into English)
- Where applicable, a copy of any educational psychologist’s or medical reports

- A copy of applicant’s vaccination book
- 2 x photographs of each parent/guardian (1 inch by 1 inch)
- 2 x photographs of applicant (2 inches by 2 inches)

ADDITIONAL DOCUMENTS FOR THAI APPLICANTS ONLY

- A copy of parents’/guardians’ House Registration
- A copy of parents’/guardians’ ID Card

writing to the Head of School and 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.

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 _____

CHILD SAFEGUARDING POLICY

By enrolling your child at St Andrews you agree to work in partnership with the school and abide by our Child Safeguarding Policy. All St Andrews International School Bangkok students should be treated with respect and dignity.

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)

Signed (Parent/Guardian 1)

Name

Date

Signed (Parent/Guardian 2)

Name

Date



First Name:

Nickname:

Surname:

Male

Female

Year Group (at start date):

Date of Birth (DD/MM/YY):

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 (depression, anxiety or psychological symptoms) 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, 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 had an Individual Education Plan (IEP) or statement?

Yes No

Does your child have any sensory impairments or physical disabilities?

Yes No

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

Yes No



Nurse Medication & Emergency Treatment Consent Form

*** PARENTS REQUIRED TO COMPLETE THIS FORM ***

First Name: _____ Nickname: _____ Surname: _____
 Male Female Year Group (at start date): _____ Date of Birth (DD/MM/YY): _____ Student Mobile Number (if applicable): _____

The School Health Clinic provides some over the counter medications that may alleviate a range of symptoms your child may benefit from for certain presentations to the clinic. We will only provide these medications with parental consent.

Please indicate whether you give consent for the nurse to administer the following:

| Medication: | Use: | Administer: | | |
|--|------------------------------------|-------------|----|------------------|
| Paracetamol/Tylenol Tablet and/or Sara Paracetamol Syrup | Pain and/or fever | Yes | No | Telephone Parent |
| Maalox or Air-X Tablet | Stomach upset and/or gas pain | Yes | No | Telephone Parent |
| Zyrtec Antihistamine Syrup/Tablet | Allergy | Yes | No | Telephone Parent |
| Strepsils Lozenge | Sore throat | Yes | No | Telephone Parent |
| Ultracarbon and ORS | Diarrhoea | Yes | No | Telephone Parent |
| Betadine Antiseptic | Cuts and grazes | Yes | No | Telephone Parent |
| Cold Compress, Reparil Gel or Counterpain Cool Gel | Bruises, sprains and muscle strain | Yes | No | Telephone Parent |
| Systral Cream | Insect bites | Yes | No | Telephone Parent |
| Trinolone Oral Paste | Canker sore and wound in mouth | Yes | No | Telephone Parent |

We consent that the above named student be administered over the counter medications as indicated above.

We undertake that I/we have given St Andrews International School Bangkok authority to administer this medication on my behalf and accept full responsibility for the same in the event that my child has any adverse reaction to this medication, provided that the medication was administered in accordance with the instructions on the packaging.

We give consent for emergency medical care to be provided to my child (on campus and during off campus St Andrews International Bangkok activities) with the understanding that I/we will be contacted as soon as possible.

(Only one parent/guardian is required to sign; both may sign if you prefer.)

Signed: _____ (Parent/Guardian) Signed: _____ (Parent/Guardian)

Name: _____ Name: _____

Telephone Number: _____ Telephone Number: _____

Date (DD/MM/YYYY): _____ Date (DD/MM/YY): _____

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: _____



Student's First Name:

Nickname

Surname:

Year Group (at start date): Academic Year:

Address:

Please tick appropriate box:

5 **return** journeys per week

5 **single** journeys per week

Occasional use (Please indicate:)

Remarks:/Special Instructions

MAP

Date _____ Signature _____ (Parent/Guardian)



Applicant's Surname:

Applicant's First Name:

Applicant's Nickname:

Parent/Guardian Contact Number(s):

Parent/Guardian Email Address:

In support of my child's application I have attached the following documents:

Photocopy of parents'/guardians' passports and visas

Photocopy of child's (applicant) passport and visa

Photocopy of child's (applicant) birth certificate

Photocopy of child's (applicant) previous school reports

Photocopy of child's medical reports and vaccination book

2 photographs of your child

5,500 baht application fee (non-refundable)

*Incurred only upon acceptance of offer letter from the school.

Additional for Thai Citizens:

Photocopy of parents'/guardians' Thai identification cards

Photocopy of parents'/guardians' and child's house registration

Date _____ Parent's Signature _____

School Office use only:

Siblings: Name _____ Year _____

Bus Service

School Lunch