



CALIFORNIA PREP INTERNATIONAL SCHOOL Student Application Form

1. STUDENT INFORMATION

Full Name:			
Name in Thai			
Birth Date:			
NickName:		Age:	
Gender:	<input type="radio"/> Male	Country of Birth:	
	<input type="radio"/> Female		
Citizenship:		Nationality:	
Residential Address:			
Postal Address:			
House Phone Number:		Mobile Number:	
School Year:		Grade Level:	
Religious Preference:	<input type="radio"/> Buddhism	<input type="radio"/> Christian	
	<input type="radio"/> Islam	<input type="radio"/> Other	
Hobbies/Interests:			

FOR OFFICIAL USE (Do not fill-up)

Application Form No.		
Student ID Number:		
Received By:		Date:

2. EDUCATIONAL INFORMATION

Most recent school attended :	
Location of the school:	
Contact Number:	
Previous academic level of work:	
<input type="radio"/> Excellent	<input type="radio"/> Average
<input type="radio"/> Good	<input type="radio"/> Poor
Describe any special learning difficulties with which this student will require assistance:	
Please add any information to support the application: (ie. Sporting, Music, Debating, other awards and accomplishments)	

3. MEDICAL/HEALTH INFORMATION

Indicate this student's level of general health:		
<input type="radio"/> Excellent	<input type="radio"/> Average	
<input type="radio"/> Good	<input type="radio"/> Poor	
Describe any health concern (physical, emotional, etc) or problems of which the school should be aware :		
Name of Family Physician:		
Phone Number:		
Please write any ailments, allergies or disabilities of this student?		
This student or child is immunized against:		
<input type="radio"/> Diphtheria	<input type="radio"/> Tetanus	<input type="radio"/> Polio
Ambulance cover in case of emergency:	<input type="radio"/> Yes	<input type="radio"/> No
Private health fund:		
Regular medication given to this student:		
Contact name and telephone number if parents are unavailable:		

4. EMERGENCY CONTACT PERSON

Name:		
Relationship:		
Address:		
Contact Number:	Home Telephone	
	Office Telephone	
	Mobile Telephone	

5. FINANCIAL INFORMATION

Person Responsible for Payment of Fees and other charges:		
Name:		
Relationship:		
Contact Info:	Telephone	
	Facsimile	
	Email	
Other Address (if any):		
Preferred method of payment to finalize the tuition fee and other charges by the due dates?		
<input type="radio"/> Cashier Cheque		<input type="radio"/> Credit Card (with Bank Charge)

6. TRANSPORT INFORMATION

Please specify the mode of transportation this student would use to and from school:	
<input type="radio"/> Private Car	<input type="radio"/> Train
<input type="radio"/> School Bus/Van	<input type="radio"/> Taxi
<input type="radio"/> Other (walk, cycle, etc) _____	

7. PARENT/GUARDIAN INFORMATION

	Father	Mother	Guardian
Family Name:			
First Name:			
Nationality/Race:			
Religion:			
Occupation:			
Business Telephone:			
Home Telephone:			
Home Facsimile:			
Mobile Telephone:			
Email address:			
	Father	Mother	Guardian
Marital Status:			
Language spoken at home:			

8. OTHER CHILDREN IN THE FAMILY

First Name	School	Age	Enrolled/Applying for Admission	
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No

Signature of Father/Mother/Guardian	Date
Signature of Student Applicant	Date