



Lanna International School Thailand

A great place to meet the world



Student Registration Form

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here

Student's Name: _____
(Family Name) (First Name) (Middle Name)

Students preferred first name (nickname): _____

Date of Birth: _____ Male Female
Day / Month / Year

Country of Birth: _____ Place of Birth: _____ Nationality: _____

Passport/ID No: _____ Place of Issue: _____ Issued: _____ Expires: _____
Day / Month / Year Day / Month / Year

Type of Visa: _____ Place of Issue: _____ Issued: _____ Expires: _____
Day / Month / Year Day / Month / Year

Language Levels ✓	English	Thai	Other:	Other:
None				
Beginner				
Intermediate				
Advanced				
Native				

Language Spoken at Home: _____

Applying for Admission to Year Group: _____ Anticipated Starting Date: _____
Day / Month / Year

With whom will the student live while enrolled in school? (tick all that apply)

Both Parents Mother Father Stepfather Stepmother Guardian

Names of Parent(s)/Guardian(s) that reside with student: _____

Family relationships: Parents divorced Parents separated Father deceased Mother deceased

Student's Chiang Mai Home Address: _____

Telephone No: _____

Mailing Address (if different): _____

Transportation to and from school: School Bus Private Car Public Transport Other: _____

Parents/Guardians Information

Father's Name: _____ **Nationality:** _____
(Family Name) (First Name) (Middle Name)

Country of Birth: _____ Passport or ID number: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____ E-mail: _____

Occupation: _____ Employer/Company Name: _____

Company address: _____

Telephone: _____

Mother's Name: _____ **Nationality:** _____
(Family Name) (First Name) (Middle Name)

Country of Birth: _____ Passport or ID number: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____ E-mail: _____

Occupation: _____ Employer/Company Name: _____

Company address: _____

Telephone: _____

Guardian's Name (if applicable): _____
(Family Name) (First Name) (Middle Name)

Nationality: _____ Country of Birth: _____ Passport or ID number: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____ E-mail: _____

Occupation: _____ Employer/Company Name: _____

Company address: _____

Telephone: _____

Sibling Information

Full Name	Brother/Sister	Date of Birth	Current School	Grade

Emergency contact

In the event of an emergency who should be contacted first?

Father Mother Guardian Other (give details): _____

Student's Educational History

In the table below list all previous schools attended in the last five years, beginning with the most recent:

Name of School	Type of School	Location	Language of Instruction	Dates Attended	
				From	To

Reason for leaving most recent school attended: _____

Has your child had any problems at his/her previous school? Yes No

If yes please specify: _____

Background Information

Does your child have any special abilities or interests, including hobbies, music and sports? Yes No

If yes please specify: _____

Does your child have any special learning/behavioural needs? Yes No

If yes please specify: _____

Has your child ever been referred for educational or psychological testing? Yes No

If yes please specify: _____

Does your child have developmental, medical or allergy problems that we should be aware of? Yes No

If yes please specify: _____

Does your child have any special dietary requirements? Yes No

If yes please specify: _____

Are there any family circumstances that we should be aware of e.g. recent bereavement Yes No

If yes please specify: _____

Validation and Signatures

We hereby certify that the above information is, to the best of our knowledge, complete and accurate. We authorise the school to contact previous schools and request transcripts to verify the facts. We realise that failure to provide accurate information will jeopardise the student's admission to LIST. By signing this document we agree to conform to the school's procedures and comply with its rules, as outlined in the school handbooks. Signatures of the student and a parent/guardian are required. Please sign below.

Parent's/Guardian's Name: _____ Signature: _____ Date: _____
dd/mm/yy

Student's Signature: _____ Date: _____
dd/mm/yy

LIST Admission Requirements

An application to Lanna International School is considered complete once all of the following requirements have been met:

- A fully completed application form (this form)
- A personal interview
- Admissions testing and evaluation of proficiency in English
- A copy of the student's school record (transcript), translated into English, detailing the student's grades and achievements for at least the last two years.
- Two passport sized colour photos, showing head and shoulders (approx 4 x 6cm)
- A completed student health form
- A non-refundable application fee as set out in the Fees Schedule
- For expatriate students** (those in the process of moving to Thailand) - copies of passport and non-immigrant visa (proof of legal immigration status) for one parent/guardian and the student, once the family has moved to Thailand.
- For international students** - a copy of the student's passport
- For students holding Thai passports** - a copy of the student's Birth Certificate and a copy of the Thai Household Registration of Parents

Please schedule an appointment for a personal interview and admissions testing at least two days prior to your planned visit to school.

Lanna International School Thailand

Grand View, Moo 10, Chiang Mai - Hangdong road

T.Meahea, A.Muang, Chiang Mai, 50100, Thailand

Telephone: (053) 806230/806231 Fax: extension 16

E-mail the Head Teacher, Mr Roy: lannaist@loxinfo.co.th

FOR REGISTRAR'S USE ONLY

Date application received: _____ Processing Fee Paid Yes Date: _____

Admission requirements met:

- Completed Application Form Personal Interview with _____ Date: _____
- English Proficiency Test/Evaluation Student Transcripts (for at least the last two years)
- Two Passport Photos Completed Student Health Form
- Copies of Passport/Visa/Birth Certificate/Thai Household Registration of Parents (as appropriate to student circumstances)
- New Student Pack Issued (Handbook, Diary, IT Acceptable Use) House Colour Assigned (_____)
- Student Number Assigned: _____

Admissions Registrar Signature: _____ Date: _____

FOR HEAD TEACHER'S USE ONLY

Head Teacher's Signature: _____ Date: _____

Placement: Year Group/IE: _____ Eng A Eng B ESL; Extra English;
 Sheltered Social Studies SEN

Billing: ESL SEN

Lanna International School Health Care Record

Student's Name: _____ (Family Name) _____ (First Name) _____ (Middle Name) Nickname: _____

Date of Birth: ____/____/____ (dd/mm/yy) Year Group: _____

In the event of a medical emergency the school should contact:

Name	Relationship to Student	Telephone number	Alternative number
1.			
2.			

Please check if the student has had any of the following illnesses and vaccinations. If yes, please provide details, including relevant dates.

Illnesses

- Chicken Pox Yes No If yes, details: _____
- German Measles (Rubella) Yes No If yes, details: _____
- Hepatitis Yes No If yes, details: _____
- Measles Yes No If yes, details: _____
- Mumps Yes No If yes, details: _____
- Poliomyelitis Yes No If yes, details: _____
- Tuberculosis Yes No If yes, details: _____
- Typhoid Yes No If yes, details: _____
- Whooping Cough Yes No If yes, details: _____
- Others Please give details: _____

Health Problems

- Allergies Yes No If yes, details: _____
- Asthma Yes No If yes, details: _____
- Congenital Abnormalities Yes No If yes, details: _____
- Convulsions/Epilepsy Yes No If yes, details: _____
- Diabetes Yes No If yes, details: _____
- Frequent Headaches Yes No If yes, details: _____
- Hearing Difficulties Yes No If yes, details: _____
- Speech Difficulties Yes No If yes, details: _____
- Sight Difficulties Yes No If yes, details: _____
- Heart Condition Yes No If yes, details: _____
- Others Please give details: _____

Surgery

Please give details of any surgery that your child has undergone: _____

Vaccination History

BCG - Tuberculosis Yes No If yes, details: _____

Chicken Pox Yes No If yes, details: _____

DTP - Whooping Cough Yes No If yes, details: _____

Hepatitis A Yes No If yes, details: _____

Hepatitis B Yes No If yes, details: _____

Hib Yes No If yes, details: _____

Japanese B encephalitis Yes No If yes, details: _____

Measles Yes No If yes, details: _____

Mumps Yes No If yes, details: _____

OPV - Polio Yes No If yes, details: _____

Rubella Yes No If yes, details: _____

Typhoid Yes No If yes, details: _____

Others Please give details: _____

Are you aware of any medication to which your child has adverse reactions? Yes No

If yes, details: _____

Is your child under medical care, or routinely taking medicine prescribed by a doctor? Yes No

If yes, details: _____

Is there any other medical information you would like the school to be aware of? Yes No

If yes, details: _____

Our policy is to avoid giving medication to students in school, although some mild, non-prescription, remedies will be available. Tick the box below if you do not wish your child to receive any medication.

I do not wish my child to receive any medication in school.

Validation and Signatures

I hereby certify that the above information is, to the best of my knowledge, complete and accurate.
The signature of a parent or guardian is required. Please sign below.

Parent's/Guardian's Name: _____ Signature: _____

Date: / /
 dd mm yy