



APPLICATION FORM

STUDENT INFORMATION

Gender: Male Female Nickname:

English Name (First, Last):

Thai Name (First, Last):

Chinese Name:



Date of Birth (DD/MM/YYYY): Country of Birth: Nationality:

Passport / Identification Number: Type of Visa (if applicable):

Student Mobile Number (if applicable): Student Email (if applicable): Religion:

Proposed Start Date: Proposed Grade:

PARENT / GUARDIAN 1 INFORMATION

Title: English Name (First, Last):

Relationship to Student: Mobile phone number:

Home phone number: Work phone number:

Email (home): Email (work):

Home address:

Company name: Position:

Company address:

Type of Business: Does your company support school fees? Yes No

Nationality: Parent Passport / Identification Number:

PARENT / GUARDIAN 2 INFORMATION

Title: English Name (First, Last):

Relationship to Student: Mobile phone number:

Home phone number: Work phone number:

Email (home): Email (work):

Home address:

Company name: Position:

Company address:

Type of Business: Does your company support school fees? Yes No

Nationality: Parent Passport / Identification Number:



FAMILY INFORMATION (This information is required for the child's benefit and safety)

Parents' marital status: Married Divorced Separated Remarried Widowed

If parents are separated, divorced or remarried, please provide the following information and official documentation.

Who has legal custody? Father Mother Guardian (Please specify relationship to student)

Who student lives with? Both Parents Father Mother Guardian

SIBLING INFORMATION

Sibling 1

Name: Age: School currently enrolled:

Sibling 2

Name: Age: School currently enrolled:

Sibling 3

Name: Age: School currently enrolled:

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:

BILLING INFORMATION

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

If you require invoices to be sent to your employer rather than to yourself, please complete the details below:

Name of Contact Person:

Title of Contact Person:

Contact Person Telephone No.: Fax No.:

Contact Person Email:

Company Name:

Mailing Address:

OTHER INFORMATION

How parents came to know about Montessori Academy Bangkok International School?

MABIS Parents please specify name

Commercial Advertisement please specify media

Others please specify

Why do you choose to apply to Montessori Academy Bangkok International School?



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:

LANGUAGE

	First Language	Second Language	Third Language	Language usually spoken at home / with student
Child's Language				
Father's Language				
Mother's Language				
Caregiver's Language <i>(Grandparents, nanny, etc.)</i>				

English

How long has child been learning English and at which school or at home?

No. of years School / Home:

Details:

Chinese

How long has child been learning Chinese and at which school or at home?

No. of years School / Home:

Details:

Thai

How long has child been learning Thai and at which school or at home?

No. of years School / Home:

Details:



DEVELOPMENTAL HISTORY (Students applying to the Toddler or Casa programs)

Age at which child:

Crept on hands and knees	<input type="text"/>
Sat alone	<input type="text"/>
Walked alone	<input type="text"/>
Named simple objects	<input type="text"/>
Repeated short sentences	<input type="text"/>

Hand Dominance: Right Left Undecided

What word does child use for urination: Bowel movement:

Does your child dress and undress him / herself?

What time does child usually eat breakfast? Lunch? Dinner?

What time does child usually go to bed at night? Awaken?

Does your child sleep alone?

If not, with whom?

What are your child's favorite indoor activities?

What are your child's favorite outdoor activities?

Does your child play with water?

Does your child go barefoot?

Does your child have any special fears that you are aware of?

Has your child had group play experiences? Where?

Does your child have neighborhood playmates?



DEVELOPMENTAL HISTORY (Students applying to all programs)

What kind of media exposure does your child have?

What is the method of behavior redirection used in your home? What is your child's reaction when it is used?

How would you describe your child's personality?

Please give below any other information that will help your child's teacher understand him/her better:

Why are you choosing a Montessori School for your child?

What expectations do you have for your child from this school experience?



HEALTH HISTORY (This information is required for your child's benefit and safety)

Please tick all that applies:

- | | |
|--|---|
| <input type="checkbox"/> Premature birth (<input type="text"/> Month) | <input type="checkbox"/> Hepatitis B or C Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Anxiety / Depression / Mental Illness | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Cardiac Condition / Heart Murmur | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Dental Problems / Infections | <input type="checkbox"/> Skin Infections / Eczema |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Gastrointestinal Problems | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Eye Problems, Poor vision | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Ear Infection, Poor Hearing | <input type="checkbox"/> Other please explain |

Please give more details if applicable:

- ❖ Is your child taking any medication on a regular basis? Yes No Details:
- ❖ Does your child have any physical health limitations? Yes No Details:
- ❖ Does your child have any food allergies? If yes, please describe symptoms, reaction, treatment, name of doctor, any medication. Yes No Details:

- ❖ Does your child have any special musical talent or sport skills? Yes No Details:
- ❖ Has your child ever been assessed by an Educational Psychologist due to learning concerns? Yes No Details:
- ❖ Has your child ever been assessed by an Educational Psychologist due to emotional or behavioural concerns? Yes No Details:
- ❖ Has your child been provided with academic learning support in the past? Yes No Details:
- ❖ Has your child ever had language / speech problems which required therapy? Yes No Details:
- ❖ Has your child ever had an Individual Education Plan (IEP) or statement? Yes No Details:
- ❖ Does your child have any sensory impairments or physical disabilities? Yes No Details:
- ❖ Has your child ever been diagnosed with a form of Autism, Hyperactive Disorder (ADHD), Attention Deficit Disorder (ADD), or Oppositional Defiant Disorder (ODD)? If yes, please explain below. Yes No Details:
- ❖ Has your child ever been suspended, asked to leave, or dismissed from school? Yes No Details:

If "yes" to any of the above, please describe and also enclose copies of the results:



CHILD SAFEGUARDING POLICY

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

Date _____ Signature _____

INDEMNITY TO MONTESSORI ACADEMY BANGKOK INTERNATIONAL SCHOOL

I / we agree to my child, _____, being included in physical education activities including swimming lessons, educational outings and other educational activities arranged by the School while he / she is attending Montessori Academy Bangkok International School. I give permission for my child and members of my family 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 / guardians. If this is not possible, my child will be taken to either his / her family doctor, or to a suitable hospital for treatment. I agree to pay all medical and other expenses incurred in the treatment of my child. I / we consent to publishing the contact details of both parents in the parent directory.

Date _____

Signature _____ (Parent / Guardian 1)

Signature _____ (Parent / Guardian 2)

DECLARATION

I / we hereby confirm that I wish for my son / daughter to be assessed for a place at Montessori Academy Bangkok International School. 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

- | | |
|---|--|
| <input type="checkbox"/> A copy of applicant's birth certificate and passport | <input type="checkbox"/> 2 x current photographs of applicant (1.5 inches by 2 inches) |
| <input type="checkbox"/> A copy of parents' / guardians' passports | <input type="checkbox"/> Bt 4,000 application fee (non-refundable) |
| <input type="checkbox"/> A copy of applicant's reports from the past two years | ADDITIONAL DOCUMENTS FOR THAI APPLICANTS ONLY |
| <input type="checkbox"/> A copy of applicant's vaccination book
(officially translated into English) | <input type="checkbox"/> A copy of parents' / guardians' House Registration |
| <input type="checkbox"/> Where applicable, a copy of any educational psychologist's or medical reports | <input type="checkbox"/> A copy of parents' / guardians' ID Cards |

Signed _____ Name _____ Date _____

(Parent / Guardian 1)

Signed _____ Name _____ Date _____

(Parent / Guardian 2)



SCHOOL BUS REQUEST FORM

Student's English Name (First, Last): Nickname:

Class / Grade (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)