



ENROLMENT APPLICATION



Student: _____
Last Name First Name Nickname

Nationality: _____ Date of Birth: _____ Sex: _____
Day / Month / Year

Native Language: _____

Previous School Attended: _____
School Name Language of Instruction Country

Desired Programme:

Summer School: Session 1 Session 2

Nursery 1: 5 days – half-day 5 days – full-day

Nursery 2: 5 days – half-day 5 days – full-day

Kindergarten 1: 5 days – half-day 5 days – full-day
Term 1 Only Term 2

Kindergarten 2: 5 days – full-day

Year 1: 5 days – full-day

Financial Responsibility: Family ____ % Employer ____ % Other ____ %

Home Address: _____
(in Thailand)

Province Postal Code

Telephone

Father/Guardian: _____
Last Name First Name Nationality

Occupation/Position: _____ Employment's Name: _____

Employment's Address: _____

Employment's Telephone Mobile Number Email

Mother/Guardian: _____
Last Name First Name Nationality

Occupation/Position: _____ Employment's Name: _____

Employment's Address: _____

Employment's Telephone Mobile Number Email

Emergency Contact: _____
Last Name First Name Contact Number

Doctor's Name: _____
Last Name First Name Hospital & Contact Number

Electronic Communication

In an effort to reduce our paper consumption, the majority of our communication to parents is sent via email and through our LINE messaging service. Please indicate below the email address(es) which will be used for weekly school newsletters, important school updates and event invitations. Also, kindly indicate your desired LINE contact information which will be used for daily class messages, important class and school updates and After School Club pictures.

1. Parent/Guardian Name: _____ Relationship: _____

Email: _____ Line Number: _____ Line ID: _____

2. Parent/Guardian Name: _____ Relationship: _____

Email: _____ Line Number: _____ Line ID: _____

HEALTH FORM

Student: _____
Last Name First Name Nickname

Parent/Guardian: _____
Full Name Employment's Telephone Mobile Number

Parent/Guardian: _____
Full Name Employment's Telephone Mobile Number

Emergency Contact: _____
Last Name First Name Contact Number

Doctor's Name: _____
Last Name First Name Hospital & Contact Number

MEDICAL HISTORY

- Is your son / daughter taking any regular medication? Yes No

If yes, please give details: _____

- Does your son / daughter have any special dietary requirements?
(e.g. vegetarian, no beef, etc.) Yes No

If yes, please give details: _____

- Does your son / daughter suffer from any known allergies? Yes No

Medication: _____ Reaction: _____

Food: _____ Reaction: _____

Other: _____ Reaction: _____

- Is there anything else relating to your son / daughter's health that we should know about?

Yes No

If yes, please give details: _____

Parent/Guardian Name

Parent/Guardian Signature

Date: Day / Month / Year

TERMS OF ACCEPTANCE

I hereby acknowledge, understand and agree to cooperate with Hampton International Pre-School, Sathorn Campus and support the school programmes, rules and guidelines.

I understand that my child is expected to follow the school rules during school activities. I agree to allow my child to participate in all school activities including school-sponsored trips, if any, away from the school.

Documentation of our children's experiences at school is an essential part of our programme. We feel that these experiences should be made accessible to our families as well as be shared as representation of our school to prospective families. I understand that my child's photograph(s) and or video(s) may be in publications for school promotional programmes. I trust that Hampton will use discretion in selecting photos and/or videos in good taste.

I release the teacher and school from any claims due to loss of the child's belongings and/or injury to the child that is beyond the reasonable control of the teacher and the school.

I authorise the school to secure necessary emergency medical attention for my child in the event of any injury at school or on a school-sponsored trip.

I understand that all tuition fees, and additional fees, for the school year are to be paid in full by cash, cheque, bank transfer or credit card before my child is permitted to attend class. I understand and accept that the enrolment fee, application fee, tuition fees, snack and lunch fees and any additional school service fees are nonrefundable or transferable under any circumstances.

I understand that if the school should need to close due to unforeseen circumstances such as health, safety, acts of God, disturbances, political unrest, outbreak of contagious conditions and/or illnesses, etc., the school will not be responsible for days lost and no refunds will be given. Any make-up days will be at the discretion of the school administration.

With my signature below, I declare that the information provided on the enrolment application and health form is complete and true to the best of my knowledge. Furthermore, I agree to comply by the rules and regulations as indicated by Hampton International Pre-School, Sathorn Campus.

Parent/Guardian Name

Parent/Guardian Signature

Date: Day / Month / Year

Documents and Fees Required for Enrolment

Please email all requested items to sathorn@hamptonschool.ac.th or give directly to an administrative staff member in the school office.

- Completed application and health form
- Payment of application fee: 2,500 Baht
- Payment of enrolment fee: 50,000 Baht
- Payment of tuition fee and snack/lunch fee according to received invoice
- Photocopy of parent's/guardian's passport picture page(s) and visa stamp(s)
- Photocopy of child's passport picture page and visa stamp
- Photocopy of child's birth certificate
- Photocopy of child's immunisation records
- Photocopy of family's housing registration (Thai nationals only)
- One passport size photo of child
- One passport size photo of parent(s)/guardian(s)

For Office Use Only

Date application was received: _____

Date of Confirmed Enrolment: _____

Class: _____ (5 days half day full day)

EAL

Notes: