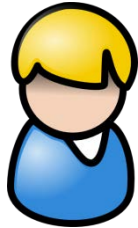




APPLICATION FORM

1) STUDENT'S INFORMATION		
First Name:	Surname:	 <p style="font-size: small;">RECENT PHOTO (within last 6 months)</p>
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Preferred Name: <small>(Nickname)</small>	Full Name: <small>(Write in Thai)</small>	
Date of Birth:	Nationality: Religion:	
Passport Number: Country of Origin: <input type="checkbox"/> No passport for the child	Expiry Date: Name as it appears on the passport:	
Siblings at Bloomsbury (Name /Year):		
Intended Date of Entry / Year Group:		
2) PARENTS' / GUARDIAN'S INFORMATION		
Father's name: Nationality:	Mother's name: Nationality:	
Home Address:	Home Address:	
Email: Mobile: Tel:	Email: Mobile: Tel:	
Place of work (Name and Address)	Place of work (Name and Address)	
Position: Type of Business: Tel: Fax:	Position: Type of Business: Tel: Fax:	
Guardian's Name: Contact Address:	Where parents have different addresses, please indicate where child lives?	
Email: Tel:	Mobile: Fax:	
3) PREVIOUS SCHOOL(S) ATTENDED		
School	Date Entered – Left	Year / Grade
1.		
2.		
3.		

4) ACADEMIC

- Please indicate your child's:
 - First language.....
 - Language most spoken at home.....
 - Other languages spoken.....

- **English Learning Experience**
 - How many years has your child been learning English?years
 - How many years has your child attended an English speaking school?years
 - Has your child passed any English language tests: PET/KET etc.? Yes, name of the tests
.....

- Please list your child's skills/interests/talents/school awards received. (e.g. sport/music/membership of clubs/school teams etc.)
.....
.....
.....

5) MEDICAL NEEDS

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Please mention any medical condition that might affect your child's life at school.
.....
..... | <ul style="list-style-type: none">▪ Is your child on any prescription drugs? If yes, please indicate.
.....
..... |
|---|---|

- | | |
|--|---|
| <ul style="list-style-type: none">▪ Please indicate any information which might affect your child's performance in the classroom or during Physical Education lessons, swimming lessons etc.
.....
..... | <ul style="list-style-type: none">▪ Has your child ever had any kind of specialist educational assessment other than normal school reports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details.
.....
..... |
|--|---|

6) FURTHER INFORMATION

- I consent to my telephone number being given to the Friends of Bloomsbury, our Parent Teachers Association?
 Yes No

- How did you hear about Bloomsbury?
 Blooms Parent Friend Website Advertisement Relocation Company Other.....

- Please indicate the priority contact where documents should to be sent (can be more than 1):**
- 1) Correspondence and reports to be sent to: Mother Father Guardian : at Home Work
 - 2) Invoice to be sent to : Mother Father Guardian : at Home Work
 Company please indicate details.....

I certify that the above statement are true and correct and understand that any false or misleading statements will result in the rejection of the application of the need to review your child's smooth transition through the school if they have already been admitted.

Signature: 	Name in Full:
---------------------------	------------------------------

STUDENTS' WORK, IMAGES AND/OR VIDEOS

Students may be photographed or filmed as part of normal school activities/classes. These photos, films or samples of work may be used in presentations, displays, or in our own booklets, newsletters, or publicity.

In the event of any images of my child being taken I consent to them being used by BLOOMSBURY INTERNATIONAL SCHOOL HATYAI. I also consent to the images/films being used on the school's website.

Signature:

Name in Full:

Relationship to child:

Date:

ADMISSIONS POLICY AND PROCEDURES

Year Placement in a year group at Bloomsbury is made according to the child's birthdate falling within the UK Academic Year dates. The Grade/Year equivalents given are only approximate because of the different starting and finishing dates of academic years in other school systems. Curriculum, syllabuses, subjects and content also differ between school systems.

Bloomsbury does NOT place students below their age level because of their level of English. The School provides specialist EAL support. Likewise we do NOT allow students to skip a year level for any reason whatsoever. The Admissions Committee is comprised of the Headteacher, the Director of Studies and the School Licensee. A final decision on an application will be made by three members of the Committee. Application files are reviewed by each member in turn with comments/recommendations. In cases where it is deemed necessary, the Committee will meet to discuss issues relating to the application in question. From the time an application is completed, the Admissions Committee aims to return a decision within three days, pending any further follow-up that may be required. The final decision on all applications rests with the Headteacher.

Our Admissions Policy requires an interview and sometimes an academic assessment for each child prior to acceptance for admission. We will accept students on the basis of their successful assessment, which could include spending a day in school.

First name:	Surname:
Date of Birth:	Age: y m d (as of enrolled date)
Previous School:	Previous Year / Class
To be placed in: _____	
Student's Signature:	Name in Full:
Parent's Signature:	Name in Full:
Relationship to Child:	Date:
Director of Studies:	Date:
Headteacher:	Date:
School Licensee:	Date:
School Director:	Date:

ADDITIONAL INFORMATION FOR A LEVEL STUDENT

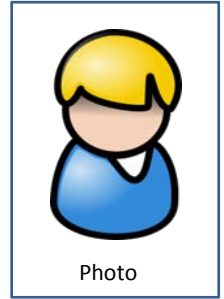
For Sixth Form applicant (Year 12 and 13) please complete the following information:

Completed IGCSE subjects & grades		IGCSE subjects to be completed & the expected grades	
Subjects	Actual grades	Subjects	Expected grades
1)		1)	
2)		2)	
3)		3)	
4)		4)	
5)		5)	
6)		6)	
7)		7)	
8)		8)	
9)		9)	

▪ Proposed A level subjects

1).....2).....3).....4).....

5).....



STUDENT HEALTH RECORD

Child's First Name:	Surname:	Nickname:
Year/Tutor Group:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address		Tel: (Home)
Name	Home Address	Tel: (Work/Mobile)
Father:		
Mother:		
Guardian:		
Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> RH Titer <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Height:	Weight: <input type="checkbox"/>kgs.	<input type="checkbox"/>lbs.
Health Condition: Please indicate any of the following conditions that your child has previously or is currently receiving medical attention for:		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Congenital Anomalies
<input type="checkbox"/> Convulsion/Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Migraine headaches	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Kidney/Urinary tract problem	<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Persistent nosebleeds
<input type="checkbox"/> Period pain	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Rashes/Skin problems
<input type="checkbox"/> Frequent stomach aches	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Others.....
Please explain any indicated condition(s) specifying information that would help the school to take good care of your child during the school day. It is very important to inform the school nurse/class teacher regarding any serious conditions for immediate treatment/actions.		
Allergies:	Reaction:	Routine Medication and Dose:
Has your child ever had surgery or major injury? Please specify		
Is your child able to fully participate in P.E./Sport/Swimming <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain		
Note: It is important that parents provide the accurate and updated health condition throughout the year for the school nurse to give the appropriate care to your child.		



THE ADMINISTERING OF TYLENOL

The administering of all medications requires written permission from parents and this must be kept in the Clinic and be administered by the School Nurse only.

With your permission, the school nurse may give your child Tylenol or its equivalent for minor aches and pains such as headache, toothache, dental pain, stomachache, menstrual cramp, or fever. Please indicate, sign and date the section below.

- Nurse has my consent to give (Child's name) _____
my son/daughter, Tylenol or its equivalent during the school time.
- Please do not give my son/daughter Tylenol or its equivalent at school.

Signature:

Relationship to child:

Name in Full:

Date:



ADDITIONAL INFORMATION SHEET FOR BOARDING APPLICATION

(to be completed by parents)

Student's Name _____ Surname _____ Preferred Name _____

- 1) Has your child experienced boarding at another school? If yes, please state the school, duration and year (grade):

- 2) What are your expectations from Bloomsbury with regard to his/her future boarding experience?

- 3) What role do you want the House Parents to play in your child's life as a boarding student?

- 4) What are your child's traits or characteristics that will enable him/her to adjust and succeed as a boarding student?

- 5) What do you think are three challenges that your child will face as a boarder?

- 6) Has your child ever had any discipline problems or issues? If yes, please add further details

7) Does your child have any other problem or condition which you think the boarding house staff should know about? (e.g. anxiety, restless sleep, bed-wetting, menstrual problems, anger management). If yes, please give details

8) Are there any activities that Bloomsbury provides that you would like your child to participate in?

9) Are there any hobbies or interests your child has that you would like Bloomsbury Boarding to try and facilitate?

Signature

Name in full

Relationship to child

Date



GUARDIANS FOR INTERNATIONAL BOARDING STUDENTS

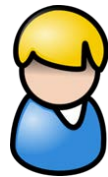
International students at Bloomsbury come from all over the world. We recognise what an important decision it will have been for you, their parents, to allow them to study so far away from home and we appreciate the trust invested in the School. The benefits of living and studying in an international environment are considerable and the School takes its responsibilities very seriously.

From August 2015 Bloomsbury is implementing a policy that all Boarders from overseas must have a local guardian that will provide appropriate and safe care for them during holiday periods. This is accepted as best practice in many International Schools. All pupils at Bloomsbury whose parents reside overseas are required to have a guardian over the age of 25 years, who is resident in Thailand and within 2 hours travelling distance from the School either, by car or public transport.

Please provide the details below:

PERSONAL'S DETAILS

First name: _____ Surname: _____
Date of Birth: _____ Age: Male Female
Nationality: _____
Relationship to student: _____
How long have you known this person? _____



Please add guardian's photo

CONTACT DETAILS

Home Address: _____

Email: _____

Mobile: _____

Tel: _____

Place of work (Name and Address)

Position: _____

Type of Business: _____

Tel: _____

Fax: _____

DOCUMENT CHECK LIST

- School health record
- Copy of the latest school report
- A reference from the current school
- Copy of the IGCSE Results (for student applying for Year 12) are required before being fully accepted
- Copy of the student's language test(s)
- Copy of the student's passport / ID card
- 2 recent passport size photos of the student
- Copy of the student's birth certificate
- Copy of the student's house registration certificate
- Copy of the parent's Thai ID card
- Copy of the parent's house registration certificate



DOCUMENT CHECK LIST FOR PARENTS - Please provide all required documents as follows:

- School health record
- Copy of the latest school report
- A reference from the current school
- Copy of the IGCSE Results (for student applying for Year 12) are required before being fully accepted
- Copy of the student's language test(s)
- Copy of the student's passport / ID card
- 2 recent passport size photos of the student
- Copy of the student's birth certificate
- Copy of the student's house registration certificate
- Copy of the parent's Thai ID card
- Copy of the parent's house registration certificate