Photo

Student ID no:

STUDENT APPLICATION FORM

Documents required for enrollment

Please send this application form and the following documents to the school.

- ☐ Application Form
- ☐ Medical Information Form (attached)
- ☐ Photocopy of Child's Birth Certificate / Passport
- ☐ Two passport size photos of the child
- ☐ Photocopy of Parents' Passport (Visa, if any)
- ☐ Photocopy of the child's immunization record
- ☐ Photocopy of Child's House Registration (for Thai only)
- ☐ Photocopy of most recent school academic report (if any)

1. STUDENT'S BASIC INFORMATION

First Name:

Last Name:

Nickname:

Date of Birth (dd/mm/yyyy):

Gender:

☐ Boy ☐ Girl

Age:

Place of Birth:

Nationality:

Native Language:

Passport Held:

Passport No / National ID No:

Date of Issue:

Date of Expiry:

Home Address: (in Thailand)

Contact Number:

Emergency Contact Person:

OFFICE USE ONLY:

Date of Registration:

Start date:

Level:

STUDENT APPLICATION FORM

2. TYPE OF PROGRAM

* Half day (08:30-12:30) * Half day + (8:30-1:30) * Full day (08:30-14:30)

Please choose one of the programs below.

AGE: 1.5 - 3 years

Pre-Nursery / Nursery: ☐ **Half day** ☐ **Half day +** ☐ **Full day**

☐ 3 days / week ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

☐ 4 days / week ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

☐ 5 days / week

AGE: 3 - 4 years

K1: ☐ **Half day +** ☐ **Full day**

☐ 4 days / week ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

☐ 5 days / week

AGE: 4-5 / 5-6 years

K2 / K3

☐ Full Program Others: _____

3. TRANSPORTATION & SCHOOL BUS SERVICE

3.1 Drop Off / Pick Up

☐ My child will be using the school bus service. I understand that the school office needs to be informed one day in advance if my child will not be using the bus.

☐ Two ways ☐ One way: ☐ Drop only ☐ Pick only

☐ My child will go home with:
Please note that if there is any change with the pick-up person on a particular day, the school must be informed.

Guardian's Name: _____ ID Number: _____

Driver's Name: _____ ID Number: _____

Nanny's Name: _____ ID Number: _____

Important Notes:

- Please provide the ID of your driver or nanny. If there is a change, the school needs to be informed immediately.
- If the driver or nanny is not accompanied by a parent at pick up time, the student ID has to be shown to our staff.

4. THAI CLASS (K2 & K3 classes)

4.1 Thai Native Students: It is mandatory for all native Thai students to take Thai Culture and Language classes.

4.2 Non-Thai Students: It is mandatory for Non-Thai students to take the Thai Culture Class.
It is not compulsory to take the Thai Language class. You can choose:

K2 ☐ Low Level Thai ☐ Sports / Yoga ☐ Japanese Class

K3 ☐ Low Level Thai ☐ Extra English Class ☐ Japanese Class

STUDENT APPLICATION FORM

5. ADDITIONAL INFORMATION:

5.1 General Information about your child

Child's First Language: _____

Language(s) spoken at home: _____

How long has your child lived in Bangkok: _____

What is your child's cultural background? _____

Does your child have special cultural / religious requirements? _____

5.2 Your child's play interests and social experiences:

Does your child play well alone?	☐ Yes	☐ No
Prefer to play with other children?	☐ Yes	☐ No
Seek adult attention when playing?	☐ Yes	☐ No
Does your child have any special toys, games or interest?	☐ Yes	☐ No
Does your child ask for stories to read?	☐ Yes	☐ No

Other comments about play: _____

5.3 Previous School Attended: (If applicable)

School Name:

Level Completed:

City:

Country:

5.4 Additional Educational Information

Has your child ever had any kind of specialist educational assessment other than normal school report?

☐ Yes ☐ No

If yes, please give details: _____

STUDENT APPLICATION FORM

6. PARENTS / GUARDIAN INFORMATION:

6.1 Mother / Guardian 1

First Name: | Last Name: | Nationality:

Occupation / Position: | Employment's Name:

Mobile Number: | Office Number: | Email Address:

6.2 Father / Guardian 2

First Name: | Last Name: | Nationality:

Occupation / Position: | Employment's Name:

Mobile Number: | Office Number: | Email Address:

7. SIBLING INFORMATION: (If Applicable)

First Name: | Last Name: | Gender: ☐ Boy ☐ Girl

Date of Birth: | Current School:

Emergency Contact:

◯ Mother ◯ Father ◯ Other: _____

Contact Number: _____

STUDENT APPLICATION FORM

8. PERMISSION:

Kindly let the office know if you allow the following actions:

- Website and Leaflet Photos Permission (public) ☐ Yes ☐ No
- Receiving ink stamps or stickers as reward ☐ Yes ☐ No
- Field Trip ☐ Yes ☐ No
- Nap time (for Pre-Nursery and Nursery only) ☐ Yes ☐ No

Remarks:

PARENTAL DECLARATION

Terms of Acceptance

I hereby acknowledge, understand and agree to cooperate with Kids Kingdom staff and support the school rules and guidelines.

I understand that my child is expected to follow the school rules during school activities and all school sponsored trips. I agree to allow my child to participate in all school activities.

I understand and agree that in the event of an emergency, Kids Kingdom will make every effort to contact the parents or guardian. However, if it is possible, the child will be given the necessary emergency medical attention and/or taken to a suitable hospital for treatment.

I understand that if the school should need to be closed due to unforeseen circumstances such as political unrest, outbreak of contagious disease etc., the school will not be responsible for days lost and no refund will be given. Any make up days will be at the discretion of the school administration.

In making this application,

I undertake and agree:

- *All school fees are subject to change/increase.*
- *Completion of this form does not guarantee admission and that the school decision regarding any application is final. Applications are reviewed in accordance with the school's admission criteria, which considers a number of factors and may change from time to time. The school reserves the right not to disclose admission criteria.*
- *Should your child be offered a place at Kids Kingdom, the child and the parents/guardian agree to comply with the school rules and policies and make all due payments according to our fee policy.*

I have read and agreed with the terms and conditions set forth.

To the best of my knowledge, the information provided herein is true and accurate. The School reserves the right to withdraw a place in the event of inaccurate information disclosure.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

PART 2

MEDICAL INFORMATION FORM

General Information:

(dd/mm/yyyy)

STUDENT NAME: _____ DATE OF BIRTH: _____/_____/_____

HEIGHT: _____ cm. WEIGHT: _____ kg.

Emergency Contact:

Name:	Work Phone:	Mobile Number:

Attending Doctor: (If any)

Name:	Work Phone:	Mobile Number:

Medical History:

1. Is your son/daughter taking any regular medication? ☐ Yes ☐ No

If yes, please give details:

2. Please select the meal type for your child

☐ Non-Vegetarian ☐ Vegetarian ☐ Non-Pork ☐ Halal Only

3. Does your son/daughter have any special dietary requirements / restrictions?

☐ Yes *(please specify below)* ☐ No

Requirements:

Restrictions:

MEDICAL INFORMATION FORM

4. Does your son/daughter suffer from any known allergies ☐ Yes ☐ No

If yes, please give details:

◯ **Medication:** _____ **Reaction:** _____

◯ **Food:** _____ **Reaction:** _____

◯ **Other:** _____ **Reaction:** _____

5. Does your child have any special physical, behavioral, learning needs? Yes ☐ No ☐

If yes, please give details:

_____

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

_____

The Administering of Tylenol:

The administering of all medications requires parental written permission with clear instruction of dosage and timings.

With your permission, the school nurse / staff may give your child Tylenol or its equivalent for minor aches and fever.

☐ Yes, I allow ☐ No, I do not allow

MEDICAL INFORMATION FORM

MEDICAL DECLARATION AND POLICY:

Kid Kingdom International Kindergarten strictly follows a medical policy in relation to children who may have become ill at school or who come back to school sick.

1. **Sick Children:**

   If a child becomes ill at school and shows the onset of a developing sickness – such as fever, influenza, chicken pox, HFMD, other common childhood diseases, or the symptoms are of concern that the illness may spread to other children, the school's duty of care obliges us to hand the child over to the care of their parents as quickly as possible.

   The parents will be called and asked to collect the child from the school. The child will be waiting in the first aid room.

   In the case of contagious disease, the parents are required to keep the child at home until they have a doctor's clearance to return to school.

2. **Approval to take the following actions in relations to child health:**

   - Allow the school staff / teacher to conduct bi-yearly measurements of growth – measuring body weight and height.
   - Where there is suspicion of head lice, to check a child's hair.

3. The school requires that certain exceptions from parental permission be available for operative and therapeutic procedures on students. This form must be signed by parents so that emergency procedures may be carried out promptly, and so that no unnecessary delays occur with less urgent operative procedures. However, if there are any injuries that is deemed serious by our school nurse, the parents will be informed immediately.

   I give permission for such medical procedures as may be considered necessary for my son/daughter.

Accident Insurance:

Our school accident insurance policy covers up to 10,000 Baht in medical expenses for each accident.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):