

## RC INTERNATIONAL SCHOOL RUAM RUDEE LEARNING CENTRE

Nursery, Kindergarten and Year 1 - 8 25/3-4 Ruam Rudee Soi 1, Ploenchit Road, Bangkok 10330 Tel: 0-2254-4380, 0-2255-4507 Fax: 0-2650-9747

	ADMISSI	ON FORM	
This application must be submitted at 1. Two recent passport size coloured photo 2. Two photos of mother and father 3. Registration Fee (non-refundable) 4. Copy of Birth Certificate of student 5. Copy of Passport of Parents and studen 6. Vaccination/ Medical record 7. Copy of academic records (for transferred)	ographs of the student.  t (for foreigner)  ed students)	ng:	
DATE OF ADMISSION :			
STUDENT'S PARTICULARS :	[ ] Male	[ ] Female	
Name		<del> </del>	
First Name	Middle Name	Surname	
Age Date of Birth		Place of Birth	
Years Months	DD / MM / YYYY		
Nationality	Passport Nº	Place of Issue	9
Date of Issue	-		
DD / MM / YYYY		MM / YYYY	
Birth certificate Nº	Religion		
Native Language	_		
Other Languages understood			
Other Languages understood			
Position in the family	No. Age N	ly child would like to sign up	for
Total members in the family(Incl. parents)		☐ Full day	☐ Half day
Older Brother/s		☐ Ballet	☐ Swimming
Older Sister/s		☐ Gymnastics	☐ Computer
Younger Brother/s		☐ Piano	☐ Thai
Younger Sister/s		☐ Saturday ESL class	☐ Transportation
		_ Catarday EOE class	- Transportation
PARENTS' PARTICULARS :			
Marital Status : [ ] Married	[ ] Divorced	[ ] Widow [ ] Widow	wer
Father's Name		Nationalit	y
First Name	Middle Name	Surname	-
Passport Nº F	Place of Issue	Type of Visa . <u></u>	
Occupation F	osition	Office Tel. Nº	
Office Address		Mobile Nº	
E-mail			
		N. 41 114	
Mother's Name	Middle Name		
Passport Nº	madio Hamo	o arriarrio	
<del>-</del>			
OccupationF	osition	Office Tel. Nº	
Office Address		Mobile Nº	
E-mail	<del>                                      </del>	<del>, , , , , , , , , , , , , , , , , , , </del>	
Home Address			
		Home Tel. Nº	
Name of persons other than parent to	whom child may be	released : 2 Photos each nor	
•	•	•	
1		Relationship	

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Relationship.....

Health Records :					
Any health or medical condition	on that requires the attention c	of the school including toilet tr	aining		
			suffering from:		
0 0					
Name of Family Doctor					
· · · · · · · · · · · · · · · · · · ·					
		Tel No			
Illnesses: (Please compl	lete the following)				
Illnesses		Approximate Dates			
Measles Chieken Day					
Chicken Pox					
Mumps Typhoid Foyor					
Typhoid Fever Others					
Officis					
Dayway taranana					
Payment record :					
Name of person responsible f	or tuition fee				
Office Address					
Home Address					
	Tel No		Fax		
Relationship to the student $ \dots $					
Financial Accounts to be sent	to				
Parents Agreement :					
1. I hereby agree to pay the fe					
new term. I also understand a my child / ward from the Scho		ying the fees, the School has	the right to exclude		
2. I hereby give my consent to have my child receive First Aid treatment in the School and / or to be treated by a					
physician or the hospital for medical or surgical care, should an emergency arise. I understand that every effort					
will be made to contact me or my spouse before such action is taken. I also give permission for my child to ride					
in a staff member's car in this			high you ha a ab a dula d		
<ol><li>I hereby grant my permissic during his / her enrolment in tl</li></ol>		all supervised excursions w	nich my be scheduled		
4. Whilst the management ma		fetv in this School. I will not he	old the School responsible		
for any accidents that may occ					
Accident and Injury Insurance					
5. I have read and accepted the Application for Admission form					
Application for Admission forn	ii and agree to be bound by al	i such policies and conditions	o.		
Signature of Parent		Date	9		
For Office Use Only:					
Application Received by		Registration Fee			
Date/amount Fee Received		Date of Admission			
Checked by		Approved by			

Remarks / References .....