



**QSI INTERNATIONAL  
SCHOOL OF PHUKET**

<https://phuket.qsi.org> | [phuket@qsi.org](mailto:phuket@qsi.org)

QSI International School of Phuket  
81/4 Moo1, Chalemprakiat r.9 Road T.  
Kathu,  
A. Kathu, Phuket 83120 Thailand  
Tel: +66-076-304-312

PHOTO

## STUDENT APPLICATION

FAMILY NAME: \_\_\_\_\_ EXPECTED DATE OF ENTRY: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ VERIFICATION: (COPY) Birth Certificate / Passport  
Day Month Year

**EXPECTED DATE OF ENTRY :** \_\_\_\_\_

NAME OF PARENT/GUARDIAN:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Title) Father's Name Occupation Company

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Title) Mother's Name Occupation Company

LOCAL MAILING ADDRESS: \_\_\_\_\_

CONTACTS:

Tele: Home \_\_\_\_\_ Work (Father) \_\_\_\_\_ Work (Mother) \_\_\_\_\_

Mobile Tel: \_\_\_\_\_ Email \_\_\_\_\_

May we place your telephone number in our school directory distributed to parents? Yes / No  
(Mobile Phone will not be placed in the directory)

ORGANIZATION RESPONSIBLE FOR FEES: \_\_\_\_\_  
(company, government, personal, etc.)

DATE

SIGNATURE

**A registration fee of \$ 300 is required for each new student and should accompany the completed application form. This fee is non-refundable.**



### STUDENT INFORMATION

#### SCHOOL HISTORY

Name of student \_\_\_\_\_

List of schools previously attended: (list last school first)

Level	Name of school	Location	Dates attended

Special interests or hobbies \_\_\_\_\_

Has student been in any special program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, specify:

\_\_\_\_\_

Please attach student's records from previous schools.

If not available, please give full name and address of last school where records can be obtained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### FAMILY HISTORY:

Parental information:

Complete name	Occupation	Place of employment	Lives with student Yes/ No
Father/Guardian			
Mother/Guardian			

Sibling Information: (brothers and sisters)

Name	Sex M/F	Birthdate	Name	Sex M/F	Birthdate

Additional information on family relationships:

\_\_\_\_\_



Language Information:

Primary (first) language is \_\_\_\_\_  
Language spoken in home \_\_\_\_\_  
Secondary language \_\_\_\_\_  
Other \_\_\_\_\_  
Comments: Any background information pertinent to language development: \_\_\_\_\_

HEALTH HISTORY:

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, explain \_\_\_\_\_

Does your child have a health condition or **ALERGY** that school personnel should know about?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Immunization Information: Record dates of initial childhood and last immunization:

Diphtheria _____	BCG _____
Tetanus _____	Meningitis _____
Pertussis (Whooping Cough) _____	Typhoid Fever _____
Polio _____	Rabies _____
Measles _____	Hemophilus Influenza _____
Mumps _____	Hepatitis B _____
Rubella _____	Hepatitis A _____
Yellow Fever _____	Others _____

Developmental Information:

Were there any complications in the pre-natal, delivery, or post-natal periods?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Any present or past sleeping or eating problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, explain \_\_\_\_\_

Please check the following items where appropriate and give date of occurrence:

Broken bones _____	Allergies _____
Hospitalizations/operations _____	Seizure _____
Intestinal problems _____	Hearing _____
Hay-fever _____	Vision (corrective lenses) _____
High temperatures _____	Other _____

If any of the above items are checked, please give additional details.  
\_\_\_\_\_



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**EMERGENCY INSTRUCTIONS**

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

\_\_\_\_\_ Student's Name \_\_\_\_\_ Student Nick Name

TELEPHONE(S) at which parent may be reached: Office\_\_\_\_\_

Home\_\_\_\_\_

Please also give an address or instructions on how you can be reached if phone is not possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If unable to reach a parent, indicate other persons to contact giving address and phone #'s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If emergency medical care is required, do you authorize school personnel to initiate medical care possibly to include locating a nurse or hospital? \_\_\_YES \_\_\_NO

If you have a preference for a doctor or a hospital, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an emergency, I authorize the school personnel to take any steps necessary to administer medical treatment to my child(ren) if the parents are not available.

\_\_\_\_\_ Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date