## **APPLICATION FORM**



Passport-sized Photo

Insert Passport-Sized Photo

1. STUDENT DETAILS							
First & Middle Name (s)	Surname (fa	amily name)					
				Male I	Female		
Preferred Name (or nickname)	Nationality	Nationality		Date of Birth (dd/mm/yyyy)			
/isa : Does your child require a visa	to study at Rugby Sch	ool Thailand? Yes	No				
Enrolment Month Enrolment Y	'ear						
	Boarding: Yes No Type of Boarding:						
Sibling One Name	Sibling Two	Name					
ibling One Date of Birth (dd/mm/y	yyy) Sibling Two	Date of Birth (dd/mm/yyyy)	Sibling Three Date of Birth (dd/mm/yyyy				
2. PREVIOUS SCHOOLS					_		
Entry Age Name of	School	Country	From (mm/yy)	To (mm/yy)	Exit Age		

3. GENERAL INFORMATION						
Please list your child's skills / interests / talents / awards						
Academic						
Hobbies / Clubs						
Music / Art / Drama / Dance						
Sports						
Please indicate any physical disabilities / behavioural or lo	earning	difficultie	s			
Physical disabilities including visual / hearing / speech / mobil	ility prok	olems		Yes • 1	No	
Behavioural difficulties including eating or sleeping problems	s, anxiet	y, depressio	on	Yes 1	No	
Learning difficulties :						
Dyslexia / dysgraphia				Yes 1	No	
• Dyscalculia				Yes 1	No	
• Dyspraxia				Yes 1	No	
Attention deficit disorder including ADD or ADHD				Yes 1	No	
Asperger's syndrome / Autism				Yes 1	No	
Other e.g. speech / language delay				Yes 1	No	
For any "Yes" or "Other", please give details below (include a	any med	dication cur	rently beir	ng taken).		
4. LANGUAGE ABILITY	_					
4. LANGUAGE ADILITY	_			_	_	
What is your child's first language?		What othe	er language	e(s) does your	child understa	nd?
	1:I-					
Please estimate your child's ability to understand and use Eng		Fair	Cood	Native		
Speaking	Little	Fair	Good	Native		
Listening			•			
Reading						
Writing						

3. PAKENT/GOARDIAN DETAIL					
Parent/Guardian One					
	if other tell usuaha	Title			
Mother Father Other 1	Mother Father Other If other, tell us who				
First & Middle Name (s)	Surname (Family Name)	Nationality			
Occupation	Email	Phone Number			
Home Address	Work Address				
Parent/Guardian Two					
Mother Father Other I	f other, tell us who	Title			
		N. C. Br			
First & Middle Name (s)	Surname (Family Name)	Nationality			
Occupation	Email	Phone Number			
Home Address	Work Address				
Tuition Fee Payment					
Tuition fees will be paid by					
Guardian/Parent(s) Company	y or Other (please tell us who)				
Additional Guardian (only if ap	oplicable)				
Relationship to child	Title				
First & Middle Name (s)	S	Nationality			
Thist & Middle Name (s)	Surname (Family Name)	Nationality			
Occupation	Email	Phone Number			
Home Address	Work Address				

## 6. FURTHER INFORMATION

I/We request that the above-named child be registered as a prospective student.

I/We confirm that I/we have provided all of the information requested to the best of my/our ability. I/We understand this application form is not a commitment by the School or the guardian/s, and that any offer of a place is subject to availability and the entry requirements of the School.

I/We understand that if my child is offered a place at the School it will be subject to the School's **Terms and Conditions**, which will bind me/us in the event that we accept the place.

I/We understand that the Terms and Conditions may undergo changes as circumstances require and I/we agree to accept and abide with all reasonable changes.

I/We understand that it is my/our responsibility to ensure that my/our child has the necessary visa to reside in Thailand and attend the School and to provide a copy of their current passport.

I/We understand that the School may obtain, process and hold personal information about your child, including sensitive information such as medical details. I/we consent to this for School purposes and, if enrolled, to safeguard and promote the welfare of your child. Please note that by not giving consent, the School will not be able to provide your child with suitable and timely healthcare, especially in regard to sudden illness, emergency or allergies.

Please check this box to indicate you have provided all the required information, to the best of your knowledge, and that you understand and agree to the specific conditions noted above

Signature of Legal Parent/Guardian 1	Signature of Legal Parent/Guardian 2
Full Name (Print)	Full Name (Print)
Relationship to Child	Relationship to Child
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
Please let us know how you heard abo	ut us?

Once completed, please return by email to admissions@rugbyschool.ac.th, or by post to the address noted below. Note that payment of the non-refundable application fee of THB 5,500, via the School's Finance Office, is required to begin assessments.