



CARROLL PREPARATORY PRIMARY & PRESCHOOL

APPLICATION FORM

Please attach a current passport sized photo

1. STUDENT DETAILS

Name:		Surname:		Nickname:	
Full name in Thai (If applicable):				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth:	Nationality:	First Language:	Language spoken at home: Other languages spoken:		
Religion:	Passport No:	Passport held:	Thai ID No:		
Current School:		Name of <input type="checkbox"/> sibling <input type="checkbox"/> cousin currently at Carroll Prep:			
Main language of instruction at school:					
Apply for Academic:		Has your child attended any Carroll Prep program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Year/Term: Year group		Premium Class, date (from-to):			
School Bus: <input type="checkbox"/> One way <input type="checkbox"/> Return		Nursery, date (from-to):			
		Kindergarten, date (from-to):			

2. PREVIOUS SCHOOL(S) ATTENDED (LAST 3 PREVIOUS SCHOOLS)

School	Town/County	Date of Attendance (from-to)	Year/Grade (from-to)	Language of instruction

3. PARENT OR CARER DETAILS

Father's name:		Mother's name:	
ID/Passport No:	Nationality:	ID/Passport No:	Nationality:
Occupation:	Business Type:	Occupation:	Business Type:
Company name: Address:		Company name: Address:	
Tel:		Tel:	
Home address:		Home address:	
Tel:		Tel:	
Email:		Email:	
Mobile No:		Mobile No:	

Contact details	Father	Mother	Other (Please indicate name, mobile and email)
First contact person	<input type="checkbox"/>	<input type="checkbox"/>	
Second contact person	<input type="checkbox"/>	<input type="checkbox"/>	
If parents are not living together , please indicate who your child live with:	<input type="checkbox"/>	<input type="checkbox"/>	

Student Pick Up Authorization Person	Father	Mother	Other (Please indicate name, mobile and email)
Permanent 1	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent 2	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Person	<input type="checkbox"/>	<input type="checkbox"/>	

4. ACADEMIC INFORMATION (If you have answered Yes to any questions, please give details and submit all requested evidence)		
Your child's favorite subject(s)	Most successful subject(s)	Weakest subject(s)
<ul style="list-style-type: none"> Please list your child's skills, interests, talents, school awards received (e.g. sport, music, membership of clubs, school teams, etc.) 		
<ul style="list-style-type: none"> Has your child ever been placed in a class above or below his/her chronological age? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Has your child ever attended special classes because of an exceptional talent? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Does your child have any special needs? 	<input type="checkbox"/>	<input type="checkbox"/>

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"> Please indicate any information which might affect your child's performance in the classroom during PE lessons, etc.
<ul style="list-style-type: none"> Is your child on any prescription drugs? If yes, please indicate:
<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	Yes	No
<ul style="list-style-type: none"> Will you allow your telephone number to be given to the Friends of Carroll Prep, our Parent Teachers Association? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Will you allow photographs of your child taken in school to be used for marketing purpose on Carroll Prep website and social media? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> How did you hear about Carroll Prep? <input type="checkbox"/> Facebook Page <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:		

7. PARENTS' STATEMENTS (To be completed by parents/guardian of the student)
<ul style="list-style-type: none"> ▪ Has your child ever had any discipline problems or issues? If yes, please indicate further details.
<ul style="list-style-type: none"> ▪ Does your child have any other problems or condition which you think the teachers should know about? (e.g. anxiety, restless sleep, bed-wetting, anger management) If yes, please give details.
<ul style="list-style-type: none"> ▪ What activities, hobbies, or interests does your child like?

8. DECLARATION

I certify that the information given in this application and in the supporting documents is accurate and complete. I understand that any false or misleading statements will result in the rejection of the application, or the need to review my child's smooth transition through the School if they have already been admitted.

I understand and agree to the Terms and Conditions of the Schedule of Fees and Charges that no refund of the deposit will be given unless one full term's notice is submitted in writing on the Withdrawal Form to the Head of School, if my child leaves the School.

Please note:

1. If parents are not living together, please attach copies of any Legal documents relating to the care of this student.
2. In the case of parent separation, Legal parents must accept responsibility of school fees.

Father	Mother	Date
Full name:		
Signature:		

9. ADDITIONAL INFORMATION (Please use this space if you have any additional information to support your application of admission)

<hr/> <hr/> <hr/>
