



Ramkhamhaeng Advent International School

1 Soi Ramkhamhaeng 119, Sukhapibal 3 Road, Huamark, Bangkok Bangkok 10240 Thailand
Tel:(662) 370-0316-7 Fax: (662) 370-0793 E-mail: info@rais.ac.th Website: www.rais.ac.th

SUMMER ENGLISH PROGRAM APPLICATION

Session 1 **MARCH - MAY**

Session 2 **JUNE - JULY**

Session 3 **OCTOBER**

Application No.

STUDENT'S INFORMATION

Student's Name: (Capital letter) _____
(First Name) (Middle Name) (Last Name)

Student's Name: (ภาษาไทย) _____ Male Female

Student's Nickname: _____ Birth date: ____/____/____ Nationality: _____

Grade: _____ Current School: _____ Religion: _____

Knowledge of English: None Little Fluent

Medical Condition / Allergies: _____

Remark: Please note that if the school determines that your child has learning disabilities and needs special education, the school may ask you to withdraw your child and a refund will be given.

PARENT / GUARDIAN INFORMATION

Parent's Name: _____ Father Mother
(First Name) (Middle Name) (Last Name)

Present Address: _____

Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Emergency contact person other than parents: _____
(First Name) (Middle Name) (Last Name)

Relationship to Student: _____ Telephone: _____

How did you hear about RAIS English Holiday Program?

Friends Brochure Newspaper Radio Booth _____

Others: _____

Parent's Signature: _____ Date: ____/____/____

**** NON REFUNDABLE (ไม่สามารถคืนเงินได้) ****

FOR OFFICE USE ONLY:	
Study: _____ to _____	Amount Paid: _____ Baht
Signature: _____ Finance	Date: ____/____/____
Signature: _____ Registrar	Date: ____/____/____