** Ramkhamhaeng Advent International School**

 1 Soi Ramkhamhaeng 119, Sukhapibal 3 Road, Huamark, Bangkapi 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

Identification Number / Passport Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 🔾 Social Media 🔾 Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baht

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finance Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registrar Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

FM-OF-RG-14 REV.NO. 2 DATE 27/08/2019