

PARENT'S DETAILS

FATHER Name :

Surname	First name	Middle name	Nick name
Nationality	Passport No.	Type of Visa	
Organization/Company		Position	
Office address			
Tel.(Office)		Mobile	Fax.
Email			

MOTHER Name :

Surname	First name	Middle name	Nick name
Nationality	Passport No.	Type of Visa	
Organization/Company		Position	
Office address			
Tel.(Office)		Mobile	Fax.
Email			

EMERGENCY CONTACTS

Usually in an emergency we will call the parents at the number given above. If we cannot contact either parent you might wish to give us a third number whom we can contact in an emergency.

Name of person relationship

Address

Tel. (home) (Mobile) (Office)

MEDICAL DETAILS

ChildsName :

Surname	First name	Middle name	Nick name
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Date of birth : ____/____/____ Age

Day Month Year

Name of family doctor

Address

Tel.

Name of family hospital

Address

Tel.

Name of family dentist.....

Address.....

Tel.....

EATING

Does your child have any special dietary requirements ? Yes / No

If yes give details ;

Does your child have any special eating habits or food dislikes ? Yes / No

If yes give details ;

SPECIAL EDUCATIONAL NEEDS

Are you aware of any special Educational Needs that your child might have e.g. dyslexia, ADT etc? Yes/ No

If yes give details.....

ALLERGIES

Is your child allergic to anything? Yes/No

If yes, what is the allergy?specify)

What practical steps need to be taken at school to prevent an allergic reaction (if any)?.....

What medication needs to be administered at school? (if any).....

How often should the medication be administered?.....

Have you supplied the school with your child medication and will you take responsibility for replacing their medication before the expiry date ?.....

NB If your child has more than one allergy please continue on a separate sheet of paper and attach.

TRAVEL SICKNESS

Does your child suffer from travel sickness. Yes/ No

If yes, do you want him/her to take medication prior to travelling? Yes/ No

What medication and have should it be administered?(specify)

OTHER MEDICAL CONDITIONS

Does your child suffer from any other medical condition that we should be aware of ? Yes/ No

If yes please provide details ;

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SAFETY

1. Can your child swim ? Yes/ No

2. Does your child have any hearing problems ? Yes/ No

If yes give details

3. Does your child have any visual problems ? Yes/No

If yes does he/she need glasses ? Give details

Date...../...../..... signed

Day Month Year

PARENTAL AGREEMENT

In making this application I undertake to comply with the following regulations.

1. To pay the entrance fee prior to admission. I understand that the fee is not refundable.
2. To pay the termly fee before the beginning of each term. Fees are not refundable.
3. To pay the annual book fee.
4. To provide my child with a school uniform, PE kit, book bag and school bag.
5. In the event of damage or loss of the school's book(s) or equipment, I will reimburse the school for the full cost or the lost amount.
6. To provide the school with an up-to-date copy of my child's most recent school report.
7. To provide the school with up-to-date medical information and to update this if circumstances change.
8. To assist my child complete homework tasks as set by the teacher.
9. For termination of schooling I agree to provide written notification 4 weeks prior to the termination.
10. I will endeavour to send my child to school every day (unless he/she is ill) only taking them out for holidays during school vacations.
11. In the event that my child gets sick and I decide to remove my child from school I understand that the fees I have paid are non-refundable in any case.

INDEMNITY TO BCIS CHIANG MAI

I agree to my childbeing included in swimming lessons, sports and educational outings arranged by BCIS. In the event of any injury to my child or damage/lost to the property of my child whilst participating in the above, or while on the school premises, or being transported to or from the school, I will not hold the school or any member of the school staff responsible. In signing this indemnity, I understand that in the event of an emergency every effort will be made to contact parents. If this is not possible my child will be taken to either his family doctor (as indicated on the medical details sheet) or a suitable hospital for treatment.

Date/...../..... signed
Day Month Year