



Kukai Kindergarten's Application Form For Admission

For Staff Only

ชื่อนักเรียน _____ ชื่อเล่น _____
วันเดือนปีเกิด _____ ต้นปีการศึกษา _____ อายุ _____ ปี บรรจุชั้น _____
ครูประจำชั้นชื่อ _____ บัตรรับนักเรียนสี _____ เลขที่ _____

ได้รับสิ่งต่อไปนี้ไว้เรียบร้อยแล้ว คือ

1. ค่าสมัคร
2. ค่าผ้าปูที่นอน ปลอกหมอน ถุงย่าม ผ้าเช็ดตัว ผ้าห่มนอน
3. ค่าชุดพลละ ขนาด _____ จำนวน _____ ชุด
4. ค่าชุดนักเรียน กางเกง / กระโปรง ขนาด _____ จำนวน _____ ตัว
เสื้อชาย / เสื้อหญิง ขนาด _____ จำนวน _____ ตัว
5. ค่าธรรมเนียมการเรียน ค่าอาหาร ค่าธรรมเนียมอื่นๆ ใบเสร็จเล่มที่ _____ เลขที่ _____ สี _____
6. ค่าหนังสือเรียน + อุปกรณ์ 7. สูติบัตร (ถ่ายเอกสาร) 8. สำเนาทะเบียนบ้าน (ถ่ายเอกสาร)
9. ใบรับรองแพทย์ 10. ใบรับรองจากโรงเรียนเดิม 11. ข้อมูลพัฒนาการเด็กจากโรงเรียนเดิม
12. รูปถ่ายปัจจุบัน (ไม่เกิน 1 เดือน) 3 รูป

หมายเหตุ _____

ลงชื่อ _____ ผู้รับสมัคร วันที่รับสมัคร _____

เลขที่สมัคร _____
เลขที่บรรจุ _____

APPLICATION FOR ADMISSION

1. CHILD'S PERSONAL DETAILS

First name _____ Surname _____ Nickname _____

Date of Birth _____ Age _____ Nationality _____ Religion _____

Place of birth _____ ID/Passport No. _____ Gender Male Female

Home Address _____

2. PARENT'S/GUARDIAN'S DETAILS

Mother's Name _____ Surname _____ Age _____

Religion _____ Nationality _____ ID/Passport No. _____

Office telephone _____ Home telephone _____ Mobile phone _____

Email _____ Line ID _____ Facebook _____

Company _____ Position _____ Business type _____

Home Address (If not the same as your child's address) _____

Father's Name _____ Surname _____ Age _____

Religion _____ Nationality _____ ID/Passport No. _____

Office telephone _____ Home telephone _____ Mobile phone _____

Email _____ Line ID _____ Facebook _____

Company _____ Position _____ Business type _____

Home Address (If not the same as your child's address) _____

Guardian's Name _____ Surname _____ Age _____

Relationship to child _____ Religion _____ Nationality _____

ID/Passport No. _____ Office telephone _____ Home telephone _____

Mobile phone _____ Email _____ Line ID _____

Facebook _____ Company _____

Position _____ Business type _____

Home Address (If not the same as your child's address) _____

3. DETAILS OF BROTHERS AND SISTERS

First name _____ Surname _____ Nickname _____

Date of birth _____ School year _____ Current school _____

Gender Male Female

First name _____ Surname _____ Nickname _____

Date of birth _____ School year _____ Current school _____

Gender Male Female

First name _____ Surname _____ Nickname _____

Date of birth _____ School year _____ Current school _____

Gender Male Female

4. DETAILS OF PREVIOUS SCHOOLS

Name of school _____ Country _____ Age _____

From _____ to _____ Year or grade level _____

Name of school _____ Country _____ Age _____

From _____ to _____ Year or grade level _____

5. CHILD'S LANGUAGE ABILITY

Is Thai the student's first language? Yes No If the answer is no please answer the following questions

Which language is spoken within the family? _____

Which other language(s) does your child understand? _____

6. FRIENDSHIP PATTERNS

Please indicate which, if any, of the following statements most closely matches your student's

- | | | |
|---|---|---|
| <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Has a small group of close friends | <input type="checkbox"/> Prefers younger friends |
| <input type="checkbox"/> Is shy with new people | <input type="checkbox"/> Prefers older children as friends | <input type="checkbox"/> Usually enjoys going to school |

7. DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES, BEHAVIOURAL OR LEARNING DIFFICULTIES?

PHYSICAL DISABILITIES including / hearing / speech / mobility problems Yes No

BEHAVIOURAL DIFFICULTIES including eating or sleeping problems, anxiety, depression Yes No

LEARNING DIFFICULTIES

- Dyslexia / dysgraphia (reading and writing difficulties) Yes No

- Dyscalculia (difficulties with mathematical calculations) Yes No

- Dyspraxia (fine and gross motor skill issues) Yes No

- Attention deficit disorder including ADD or ADHD (concentration issues) Yes No

- Asperger's syndrome / Autism (emotional and social behavior issues) Yes No

- Other e.g. speech / language delay Yes No

For any "Yes" answers please give details here including any medication currently being taken

8. HEALTH INFORMATION

Does your child have any medical condition or health issues that may require attention whilst at school? Yes No

If the answer is "Yes" please give details including information about any medication being taken

9. GENERAL INFORMATION ABOUT YOUR CHILD

Does he/she have any special skills or interests?

Has he/she ever been placed out of the normal age group for his/her age? If yes. Please give details.

Please indicate the areas and/or subjects that your child enjoys most.

10. VACCINATIONS

Please tick ✓ if your child has had the following vaccines.

_____	From birth	BCG Vaccine 1 and Hepatitis B 1
_____	1 Month	Hepatitis B Vaccine 2
_____	2 Month	Diphtheria, Tetanus, Pertussis Vaccines 1, Polio Vaccine 1, Hepatitis B 1
_____	2 Month	Haemophilus Influenzae 1
_____	4 Month	Diphtheria, Tetanus, Pertussis Vaccines 2, Polio Vaccine 2, Hepatitis B 2
_____	4 Month	Haemophilus Influenzae 2
_____	6 Month	Diphtheria, Tetanus, Pertussis Vaccines 3, Polio Vaccine 3
_____	6 Month	Haemophilus Influenzae 3
_____	6 Month	Hepatitis B Vaccine 3
_____	8 Month	Hearing Test Result _____
_____	8-12 Month	Tuberculin skin test Result _____
_____	9-12 Month	MMR (Measles-Mumps-Rubella Vaccine) 1
_____	10 Month	Child Development Screening Result _____
_____	9-18 Month	Japanese Encephalitis Vaccine 1
_____	1 and a half years- 3 year	Japanese Encephalitis Vaccine 2
_____	1-3 Year	Japanese Encephalitis Vaccine 3
_____	2 Year – 2 and a half years	MMR (Measles-Mumps-Rubella Vaccine) 2
_____	18 Month	Tetanus, Diphtheria and Pertussis (Booster Shot) 1
_____	18 Month	Polio Vaccine (Booster Shot) 1
_____	18 Month	Haemophilus Influenzae 4
_____	4-5 Year	Tetanus, Diphtheria and Pertussis (Booster Shot) 2
_____	4-5 Year	Sabin Vaccine 2
_____	5-6 Year	Japanese Encephalitis Vaccine (Booster Shot)
_____	5-6 Year	Typhoid Vaccine
_____	1-12 Year	Chickenpox Vaccine
_____	2-16 Year	Hepatitis A Vaccine 1 (_____ Type 360U _____ Type 370U)
_____	2-16 Year	Hepatitis A Vaccine 2
_____	2-16 Year	Hepatitis A Vaccine 3

Signature _____

Name _____

Date of application _____

Medical Certificate

I, Name _____
A medical doctor holding medical license No. _____
And is practicing at _____ Hospital
Certify that _____ is in good health, is free from contagious
disease and has had the following vaccines.

Please tick ✓ if the child has had the following vaccines

_____ BCG Vaccine
_____ Hepatitis B Vaccine (3 Times)
_____ Diphtheria, Tetanus, Pertussis (3 Times)
_____ Polio Vaccine (3 Times)
_____ Polio Vaccine (First booster shot) (18 Month)
_____ Polio Vaccine (Second booster shot) (18 Month)
_____ MMR (Measles-Mumps-Rubella) Vaccine 1 Times (9-12 Month)
_____ MMR (Measles-Mumps-Rubella) Vaccine (First booster shot) (4-6 Year)
_____ Japanese Encephalitis (First time)
_____ Japanese Encephalitis (Second booster shot)
_____ Haemophilus Influenzae Vaccine (3 Times)
_____ Chickenpox Vaccine
_____ Hepatitis A Vaccine (2 Times)
_____ Typhoid Vaccine
_____ Influenza Vaccine

Congenital Disease _____
Allergies _____
Drug Allergy _____
Has the child experienced any serious illness? _____

Other information about the child's health

The child has developmental delay in _____

Remark _____

Signature _____ M.D.

Date _____