

For official use only  
 Registration Form No .....  
 Registration date .....  
 Term ..... / .....  
 Date .....

ACTION	BY	✓	✓
		Join	Leave
Class Dojo	Class Teacher		
Newsletter	Principal		
Health Insurance	Admin Officer		
School Email for student	Admin Officer		
Google Classroom	Admin Officer		
Parent's email to Class Group	Principal		
Student Account in Xero	Admin Officer		

**Student Registration Form  
 Patravadi school, Hua Hin**

Documents to provide

- 1. Copy of parent/guardian's and student's house book
- 2. Copy of parent/guardian's and student's ID card for Thai Nationals or passport
- 3. Student's birth certificate
- 4. Certificate of school attendance for the current year and the two previous years (report book)
- 5. Education certificate of the student for Thai Nationals
- 6. Proof of student's status for Thai Nationals
- 7. Two full-face photos, 1 inch size (with name and last name written at the back)
- 8. Copy of certificates or diplomas of special talents (if any)
- 9. Medical certificate or vaccine history (if any)

Attach 1 inch  
 photo of  
 Applicant

Please fill in the information in block letters and tick ✓ the  when it applies.

**1. Applicant information** \* Grade applied: ..... School year: 20.....

First name Mr/Miss..... Surname ..... Nickname .....  
 First name and surname (in English) ..... Nickname .....  
 Date of birth ..... Month ..... Year ..... At hospital ..... Province .....  
 Current age ..... Years ..... Months Religion ..... Ethnicity ..... Nationality ..... Blood type .....  
 Current address, house number ..... Village ..... Soi ..... Street .....  
 Sub-district ..... District ..... Province ..... Postal code .....  
 Phone number (mobile phone) .....  
 Name of parent/guardian ..... Relationship to student ..... Phone number .....  
 Student resides with  Father  Mother  Paternal grandparents  Maternal grandparents  Brothers/sisters  
 Nanny/foster parent  Other .....

Education level of applicant (from kindergarten to now)

Level	Institution	Ending school year

Number of brothers and sisters .....

Level of education of brothers and sisters

Position	Age	Sex	School grade currently attended/Work position	School/Place of work

2. Father and mother information

Marital status  Living together  Living separately  Divorced  Father deceased  Mother deceased

Father's name ..... Surname ..... Age ..... years  
Name and surname (in English) .....  
Date of birth ..... Month ..... Year ..... Religion ..... Ethnicity ..... Nationality .....  
Address .....  
Email .....  
Mobile phone number ..... Home phone number .....

Education (from the highest diploma to the lowest)

Degree	Specialisation	Place/university

Hobbies .....  
Special talents .....  
Confident that can teach and advise other people in matters such as .....

Mother's name ..... Surname ..... Age ..... years  
Name and surname (in English) .....  
Date of birth ..... Month ..... Year ..... Religion ..... Ethnicity ..... Nationality .....  
Address .....  
Email .....  
Mobile phone number ..... Home phone number .....

Education (from the highest diploma to the lowest)

Degree	Specialisation	Place/university

Hobbies .....  
Special talents .....  
Confident that can teach and advise other people in matters such as .....

3. Vaccinations of the applicant

BCG vaccine against tuberculosis                      Date .....

Vaccination against rubella and mumps              Date .....

**DPT vaccine against diphtheria, pertussis and tetanus**

**Vaccination against hepatitis**

1st injection .....  
2nd injection .....  
3rd injection .....  
1st booster .....  
2<sup>nd</sup> booster .....

1st injection .....  
2nd injection .....  
3rd injection .....  
booster .....

**Polio vaccine**

1st injection .....  
2nd injection .....  
3rd injection .....  
1st booster .....  
2<sup>nd</sup> booster .....

**Vaccination against Japanese encephalitis**

1st injection .....  
2nd injection .....  
3rd injection .....  
booster .....

**4. Medical history of applicant**

Has the student ever had:

Measles       yes    no

Chickenpox    yes    no

Mumps       yes    no

Epilepsy       yes    no    Causes of epilepsy .....

Symptoms of epilepsy .....

Other medical conditions .....

Allergies to medications / symptoms .....

Is the student currently receiving care, being treated or taking medications

Condition the applicant is being cared or treated for .....

Name of the physician ..... Hospital .....

No treating physician

Medications    Daily dosage ..... pills    Name of medication ..... Condition .....

Name of medication ..... Condition .....

Name of medication ..... Condition .....

No medication

**5. If the applicant sees a treating physician on a regular basis**

Name of medical institution where the applicant is treated ..... Phone number .....

Or name of current treating physician ..... Last name .....

Mobile phone number ..... Email .....

**6. If the applicant is or has ever been looked after by a nanny**

The applicant  is    has ever been   under nanny care   Nanny's age ..... Nationality ..... Phone number .....

Relationship between nanny and applicant    Very close    Normal    Not close    Other

.....

Attendance of the nanny    Comes everyday and stays with the applicant from (time) ..... to .....

Lives with the family    Other .....

**7. General personality of the applicant**

Favourite hobbies and passions 1) ..... 2) ..... 3) .....

Best abilities and talents 1) ..... 2) ..... 3) .....

Doesn't like/fears the most 1) ..... 2) ..... 3) .....

Sleep At night, goes to sleep at (time) ..... and wakes up in the morning at .....

Food  Eats all types of food  Can eat food that (s)he doesn't like  
 Food that is not allowed .....

Speech  Can speak in short sentences  Can speak in long sentences  
 Doesn't speak much  Likes to talk

Friends  Doesn't have much opportunities to play  Doesn't play with brothers/cousins often  
 Friends are mostly older  Friends are mostly younger  
 Friends are mostly of the same age  Has friends who are adults

Playing  Can play in a group of friends  Likes to play alone  
 Shy and clings to parents  Doesn't like to share his/her toys  
 Share his/her toys with others  Respects others' rights

Independence  Clings to mother  Clings to father  
 Clings to nanny  Plays alone independently

Other aspects of personality that the parents would like to share with the school .....

Actions/character traits that the parents would like to change .....

Methods used to make change happen .....

**8. Education given at home by the parents**

Experience taught by the parents	Never	Sometimes	Quite often	Very often
Read stories or showing illustrated books				
Go to places contributing to enrich the applicant's experience				
Train the applicant to be independent regarding eating, getting ready...				
Let the applicant climb under the supervision of adults				
Let the applicant play with sand and water for fun				
Train the applicant to put away his/her toys after playing				
Allow the applicant to express him/herself within certain limits				

When the applicant grows up, what are the special talents you would like to improve?

Mathematics  Science  Language  Computer  Sport  Politeness and morality  
 Thai music  Music  Thai dance  Dance  Arts  Other .....

**9. Toys available at home (if the student is less than 12 year old)**

Stories books or illustrated books  Wood construction blocks  
 Plastic construction blocks, like Lego  Paper and colouring pencils  
 Toy cars  Scissors, glue and paper to cut and assemble  
 Robot toys  Knife, sword, gun  
 Dolls  Toy kitchen and utensils  
 Dolls with clothes and accessories  Sand box  
 Jigsaw puzzles  Other games .....

10. Your expectations concerning the school

(Please rank each of the following expectations in order of importance, with #1 being the most important expectation)

- That the applicant learns to adapt his/her social behaviour to interact with friends and teachers
- That the applicant gets used to looking after him/herself
- That the applicant learns to eat the right kind of food, hygienic, well-balanced and healthy
- That the applicant is given good care and good attention, in a safe and comfortable environment
- That the applicant is taught politeness and morals, to become a better person
- That the applicant is taught to work correctly and properly, meet his/her responsibilities and respect others' rights
- That the applicant engages in activities on his/her own initiative, that he accomplishes him/herself, as a way to learn to

work and solve his/her own problems.

Other .....  
.....  
.....

11. In case of emergency, if the parents can't be contacted, we should contact

- 1) Name ..... Surname ..... Relationship to applicant .....  
 Place to be contacted at .....  
 Mobile phone number ..... Home phone number ..... Email .....
- 2) Name ..... Surname ..... Relationship to applicant .....  
 Place to be contacted at .....  
 Mobile phone number ..... Home phone number ..... Email .....

**Note: in case of change of name, address, place of work, phone number or any other details of the persons listed hereabove, please inform the school immediately.**

Parent Signature .....

Date ..... Month ..... Year 20 .....

How did you hear about the school? .....

**OPT OUT: Media Publication-Using images of your child at school**

Our school will celebrate and share with you a wide range of your child's successes such as individual achievements, sporting events, performances, trips and visits. The class teacher will also post on Class Dojo which is only accessible by the parents and families of the school. The school may on occasions use posts from Class Dojo and events to post on its official social media accounts. All photos used are screened for suitability and focus on the activities rather than individuals.

If you do not wish your child's image to be included on the school's social media accounts, please tick this box.