

โรงเรียนเสริมทักษะโรสมารี
Rose Marie Academy

Student Photograph
4 cm x 5 cm
or
passport size

Student Application Form
Tutorial Program

Please print legibly.

Student Information

Student's Name _____ Circle One: Male Female
Surname First Middle Nickname

Name student is to be called in school _____

Nationality _____ Date of Birth ____/____/____ Age ____
day month year

Passport No. _____ Place of Issue _____ Issued ____/____/____ Expiry ____/____/____
day month year day month year

Type of Visa _____ Place of Issue _____ Issued ____/____/____ Expiry ____/____/____
day month year day month year

Native Language _____ Language Spoken at Home _____

Mother's Native Language _____ Father's Native Language _____

Applying for Admission to Grade Level _____ Anticipated Starting Date ____/____/____
day month year

Past Grade Level _____ Present Grade Level _____

Student's Home Address In Thailand _____

Province _____ Postal Code _____ Home Telephone _____

Fax _____ Mobile Phone _____ E-mail _____

Local Emergency Contact In Thailand (Other Than Parent/Guardian)

Last Name _____ First Name _____

Relationship to student _____ Contact Telephone _____

E-mail _____

Student/Alumni Permanent Mailing Address (Home country to which student will eventually return)

Name: In care of _____
Address _____
State (Province), Country _____ Postal Code _____
Telephone _____ Fax _____ E-mail _____

Parent/Guardian Information	Circle One:	Parent	Guardian
Father's Full Name _____ Surname First Middle		Nationality _____	
Employer _____		Position _____	
Address _____		Province _____	
Postal Code _____		Telephone _____	Fax _____
Home Telephone _____		Fax _____	Mobile _____
E-mail _____			
Head office located in _____			
Name of local Thai joint-venture affiliation if applicable _____			

Mother's Full Name _____ Surname First Middle		Nationality _____	
Employer _____		Position _____	
Address _____		Province _____	
Postal Code _____		Telephone _____	Fax _____
Home Telephone _____		Fax _____	Mobile _____
E-mail _____			
Head office located in _____			
Name of local Thai joint-venture affiliation if applicable _____			

Student Lives With: (Check any that apply)

_____ Father	_____ Stepfather	_____ Father deceased	_____ Parents divorced
_____ Mother	_____ Stepmother	_____ Mother deceased	_____ Parents separated
_____ Guardian (specify relationship) _____			
_____ Other (specify relationship) _____			

Legal Custodian _____
Full name of parent or guardian who resides with student _____
Relationship to student _____ Work Telephone _____
E-mail _____

Sibling Information (List all siblings)

First Name (Last, if different)	Birth Date	Grade	School	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education History

List all previous schools beginning with the most recent school. (Use additional paper, if necessary.)

Name of School	Location	Language of Instruction	From Month/Year To Month/Year	Grade (s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check any of the following that apply:	Yes*	No	Year
____ English as a Second Language (ESL) Program	_____	_____	_____
____ Remedial Instruction	_____	_____	_____
____ Special Education	_____	_____	_____
____ Gifted and Talented	_____	_____	_____
____ Evaluated by an educational psychologist or specialist	_____	_____	_____
____ Suspended or expelled from any school for any reason	_____	_____	_____
____ Taking medication on a regular basis	_____	_____	_____
____ Physical health limitations	_____	_____	_____
____ Other (please specify)	_____	_____	_____

*Arrange to have all reports forwarded to the Admissions Office of Rose Marie Academy.

Billing Information

Financial responsibility for student will be assumed by _____ Relationship _____

Statement of Account should be addressed and sent to _____

(Name of person or organization responsible for payment)

Address _____

Province _____ Postal Code _____ Telephone _____

E-mail _____

School Policy Information

1. Formal application for admission to Rose Marie Academy will not be considered complete until:

- 1.1 the application form has been fully completed to the best of the student's and his/her family's ability and the application processing fee is paid
- 1.2 the school receives previous school records, at least the two most recent years, and pertinent documents
- 1.3 the student health form is completed
- 1.4 the registration fee is paid

2. Admission

Admission is determined by the Admissions Officer, School Counselor, Academic Director, and Executive Director after careful consideration and in consultation with the parents/guardians and teaching staff.

3. Fees All fees must be paid in full before a student may begin school.

4. Late Admission Fees

- 4.1 Full term fees are charged for enrollment of 55% or more of the course. The fees are based on the number of days per week the child will attend school.
- 4.2 Term fees are prorated for less than full term enrollment according to the table below:

Number of days per week	% of applicable course fees per day
2	3.13 %
3	2.09 %
4	1.57 %
5	1.25 %

Example: A child who will attend school on a five-day-per-week basis with 21 days remaining in the term:
 $21 \text{ days} \times 1.25\% = 26.25\%$. Therefore, 26.25% of the fees will be charged.

5. Refund Policy

Rose Marie Academy fees are prorated for enrollment of less than a full term by applying the following conditions:

- 5.1 Full term fees are charged for enrollment of 55% or more of the course. The fees are based on the number of days per week the child will attend school.
- 5.2 Registration fee is refunded in full if a student does not attend Rose Marie Academy or if the student withdraws during the first two calendar weeks after the date of enrollment.
- 5.3 The registration fee is not refunded if the student withdraws after the first two calendar weeks from the date of enrollment.
- 5.4 Two weeks notice of intent to withdraw child must be given. Exception made for student on International School Bangkok (ISB) waiting list.
- 5.5 Payment of refunds will be effective within ten working days from the withdrawal date.
- 5.6 Tuition fees are refunded for enrollment of less than a full term according to the following table:

Number of days per week	% of applicable course fees per day
2	3.13 %
3	2.09 %
4	1.57 %
5	1.25 %

Example: A child who attends school on a five-day-per-week basis is to be withdrawn having already been enrolled for 21 days:

$21 \text{ days} \times 1.25\% = 26.25\%$. $100\% - 26.25\% = 73.75\%$. Therefore, 73.75% of the fees will be refunded.

6. Transportation Fee/Late Admission

The transportation fee is calculated by determining the number of school days remaining in the term and multiplying this number by the daily transportation fee.

7. Transportation Fee/Refunds

Refunds will only be made for the time remaining in the term calculated from the first of the month following a student's withdrawal. Full fees are charged to the end of the month in which the withdrawal occurs.

Certification

I certify that the preceding information is complete, true, and accurate to the best of my knowledge. I authorize the school to request transcripts and to verify the facts. I realize that my failure that to provide accurate information could jeopardize the student's enrollment at Rose Marie Academy. It is also understood that when a student enrolls in the school, he/she and his/her parents(s) or guardian(s) agree to conform to its procedures and comply with its rules and regulations as outlined in school information statements.

Date _____
day/month/year

Name (please print) _____
Parent or Guardian

Signature _____

Rose Marie Academy reserves the right to determine the applicant's grade level placement and to assign subjects deemed most appropriate for the student's school experience.

Mailing Address: Rose Marie Academy, P.O. Box 18, Pakkret, Nonthaburi 11120 Thailand

Transportation Fees

Rose Marie Academy provides round trip transportation for students attending the school. All vehicles are air-conditioned and equipped with seat belts.

School bus transportation required _____ **Yes** _____ **No**

Please Note: Transportation fees will not be refunded after the end of the first quarter for the first semester or after the end of the third quarter for the second semester.

For Transportation Office Use Only

Fee: _____ Starting date: _____ Bus Number: _____

Transportation Coordinator Signature day/month/year

Rose Marie Academy

Student Photograph
4 cm x 5 cm
or
passport size

Student Health Form

Please print legibly.

Student ID No.: _____ School Year _____ Grade: _____

Date of Birth: _____ Circle One: Male Female

Student's Family Name: _____ First Name: _____ Middle Initial: _____

Father's Name: _____ Father's Language: _____

Mother's Name: _____ Mother's Language: _____

Home Address in Thailand: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ E-mail: _____

Business Address: _____

Emergency Contact (when parents cannot be reached) Name: _____

Day Telephone: _____ Night Telephone: _____

Sibling's (s') Grade (s) at Rose Marie Academy: _____

Health Conditions

Please indicate any of the following that apply to the above student:

ADD/ADHD Frequent Stomachaches Congenital Anomalies Convulsions/Epilepsy
 Diabetes Orthopedic Problems Frequent Headaches Asthma
 Heart Problems Kidney/Urinary Tract Problems Menstrual Problems Migraine Headaches
 Ear Problems Skin Problems Vision Problems Other _____

Please comment on any indicated condition(s), specifying what the problem is and giving any information that would help the school nurse better care for the student during the school day: _____

Allergies: _____ (medication, food, and/or other)	Routine Medication(s): _____
Reaction: _____	Reason and frequency: _____

Note: Medication must be kept in the Health Office and be administered by the school nurse. Administration of all medication requires parental permission.

If you would like the school nurse to give your child Tylenol or its equivalent for minor aches and pains, headache, toothache, dental pain, menstrual cramps, or fever, please complete, sign, and date the following consent:

The Rose Marie Academy school nurse has my consent to give _____ my son/daughter, Tylenol or its equivalent during the student's enrollment at Rose Marie Academy.

Parent's signature: _____ **Date:** _____

Please fill out both sides of this form completely.

General Immunization Information

Polio (Sabin Oral) schedule:

- * given to children six weeks to nineteen years of age
- * two doses six to eight weeks apart
- * third dose six to twelve months after the second
- * fourth dose at 4–6 years of ages
- * booster dose given in some countries

Diphtheria, Pertussis and Tetanus (DPT) or Diphtheria/Tetanus (DT) schedule: DPT

- * given to children six weeks to six years of age
- * three doses two months apart
- * fourth dose one year after the third
- * booster dose at 4–6 years of ages

DT

- * two doses one month apart
- * third dose one year after second dose
- * booster dose every ten years

Measles (Ten Day or Red Measles), Mumps, and/or Rubella (Three day German Measles) schedule:

- * given to children one year of age and older
- * booster given in some countries at 4–6 years or 12 years

Health Immunization Requirements

For the safety of all of our students at Rose Marie Academy, no student may be admitted unless he/she has proof of the following immunizations:

Polio

Diphtheria

Pertussis (if younger than 6 years of age)

Tetanus

Measles

Mumps (not required but highly recommended)

Rubella (not required but highly recommended)

Immunization History	
Vaccine	Day/Month/Year
Diphtheria/ Pertussis/ Tetanus (DPT) or (DT)	No. 1 _____
	No. 2 _____
	No. 3 _____
	No. 4 _____
	No. 5 _____
	No. 6 _____
Polio (OPV)	No. 1 _____
	No. 2 _____
	No. 3 _____
	No. 4 _____
	No. 5 _____
Measles	No. 1 _____
	No. 2 _____
Mumps	No. 1 _____
	No. 2 _____
Rubella	No. 1 _____
	No. 2 _____

For Health Office Use Only								
Immunizations complete: Yes No								
Next immunization due date (specify): _____								
Immunization letter sent: _____ (Date)								
Other comments (date and sign): _____								

Vision Screening				Hearing Screening				
Date	Glasses Y N			Comment	Date	R	L	Comment
	B	R	L					

This record must be kept on file in the Health Office on the date the student enters Rose Marie Academy. Failure to return this form may result in exclusion of the student from school. Any student who has been absent with a communicable disease must inform Rose Marie Academy and present a doctor's letter the first day returning to school stating that full recovery has taken place. Parents who leave town must notify Rose Marie Academy of guardianship. Please immediately inform the Health Office of any changes to this record such as changes in address, phone number, or medical condition.

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified. I certify that all information given on this record is complete and correct.

Parent's signature: _____ **Date:** _____

For Official Use Only

Date Received _____ Entry requested for _____

Admissions Officer Approval _____ Date _____
day/month/year

Counselor Approval _____ Date _____
day/month/year

Academic Director Approval _____ Date _____
day/month/year

Executive Director Approval _____ Date _____
day/month/year

Grade Level Placement _____ Date _____
day/month/year

Business Office _____ Date _____
day/month/year

Fee Paid Date _____ Receipt No. _____

Student ID No. _____

First Day of Attendance _____

Other Relevant Information _____

Last Day of Attendance _____

Reason for Withdrawal _____