

Rose Marie Academy

Student Application Form Child Center

Student Photograph
4 cm. x 5 cm.
or
passport size

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 _____
month day year

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

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

Native Language _____ Language Spoken at Home _____

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

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

Past Grade Level _____ Present Grade Level _____

Student's Home Address in Thailand _____

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 _____

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 other records from the facts. I realize that my failure that to provide accurate information could jeopardize the student's enrollment at Rose Marie Academy. I understand 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 _____
month/day/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 _____ month/day/year

Rose Marie Academy

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/ son/daughter,
Tylenol or its equivalent during the student's enrollment at Rose Marie Academy.

Parent's Signature _____ Date _____

Vaccine	Date	Date	Date	Date	Date
BCG (Tuberculosis Vaccine)	1				
DPT, DtaP (Diphtheria, Pertussis, Tetanus)	1	2	3	4	5
DT or Td (Diphtheria, Tetanus)	1	2	3	4	5
DtaP Booster	1				
IPV, OPV (Polio)	1	2	3	4	
MMR (Measles, Mumps, Rubella)	1	2	3		
Japanese B Encephalitis (JE)	1	2	3		
HBV (Hepatitis B)	1	2	3		
HAV (Hepatitis A)	1	2			
HIB (Haemophilus Influenzae Type B)	1	2	3		
Other					
Other					
Other					

Date	Age	Weight	Height

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

This record must be 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. A 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. The Health Office must be informed 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 _____

Date Received _____ Entry Requested for _____

Admissions Officer Approval _____ Date _____
month/day/year

Counselor Approval _____ Date _____
month/day/year

Academic Director Approval _____ Date _____
month/day/year

Executive Director Approval _____ Date _____
month/day/year

Grade Level Placement _____ Date _____
month/day/year

Business Office _____ Date _____
month/day/year

Fee Paid Date _____ Receipt No. _____

Student ID No. _____

First Day of Attendance _____

Other Relevant Information _____

<p>Last Day of Attendance _____</p> <p>Reason for Withdrawal _____</p>
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