



Candidate ID _____

Staff in charge: _____



Satit Prasarnmit International Programme (SPIP)

for admission office

Submitted date _____ Student ID No. _____

Enrolled to level _____ Starting Date _____

Student Information

First Name *		Gender *	
Family Name *		Date of Birth *	
Middle Name		Nationality *	
Name in Thai *		Religion *	
Nick Name(Called) *		Place of Birth *	
ID/Passport No *		ID/Visa expiry date *	

Note : _____

what is the student's first language?

How well does the student understand English?

Details of Previous School(Please list most recent first.)

NO.	Name of School	Level in Previous School	Country	Circle the School Curriculum
1				
2				
3				

Student Contact Information

Mailing Address: _____

Student email address: _____

Home Phone No. _____ Student's Cell Phone No.* _____

Please check in the box to answer the questions

	Y	N
1. Has your child been in an English as a Second Language (ESL or ESOL) programme at any time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever received remedial instruction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child been retained or repeated a grade level?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever received special education services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child ever been in a gifted or talented programme?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child ever been tested by a psychologist or specialist?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your child ever been suspended or expelled from any school for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child taking any medication on regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have any physical health limitations?	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" to any of the above questions, please indicate.

Parents's/Guardians' Information

Father

First Name *		Occupation *	
Family Name *		Home Phone No	
Nationality *		Cell Phone No *	
Thai Name		Office Phone No	
Home Address *		Email Address *	

Mother

First Name *		Occupation *	
Family Name *		Home Phone No	
Nationality *		Cell Phone No *	
Thai Name		Office Phone No	
Home Address *		Email Address *	

Guardian

First Name *		Occupation *	
Family Name *		Home Phone No	
Nationality *		Cell Phone No *	
Thai Name		Office Phone No	
Home Address *		Email Address *	

Parent's Agreement

By signing and this document, I agree to pay the fees and charges due from you to SPIP.

Sign _____ Date _____

For SPIP Office to Check

- 2,000 THB application fee (cash or transferred slip)
- 3 of student photos
- a certified letter form current school/A copy of grade report: G. 5/A copy of grade report G. 6 T. 1

Note: _____

Authorized Office's Singnature: _____ Date: _____