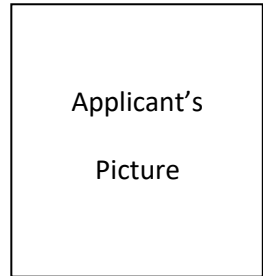


CAMBRIDGE COLLEGE (THAILAND)

458/1 Moo 3
T. Samor Khae,
A. Mueang Phitsanulok,
E-mail : info@camcoll.asia
Website : <http://camcoll.asia/>



APPLICATION FORM

Please note that before your child is admitted to the school, he /she will have to undergo an assessment test. Should there be no place available in the required Grade/Year at the time, your child will be placed on a waiting list. Cambridge College Thailand will be known as CCT here forth.
**Please note: This application consists of 8 pages. Please return the document blank if there are less than 8 pages.*

1. Student Information

Proposed date of admission: Term _____ Year: _____ Application for Grade: _____

Student's SURNAME: _____ Student's GIVEN NAME: _____

Preferred name: _____ Date of birth (d/m/y): _____

Nationality: _____ Gender (circle) MALE / FEMALE

Home language: _____ Religious Affiliation: _____

Other languages spoken: _____ Boarding Accommodation Required YES / NO

Weekly: By Term:

(Please request Accommodation Information from the reception)

Disabilities (if any, please specify) _____

Number of children in the family _____

Siblings attending CCT : Yes / No

If yes, which YEAR are they in (circle) 7 8 9 10 11

Name(s): _____

Current School

Name of current school: _____ Current Grade: _____

Contact Number: _____ Number of years in current school: _____

2 PARENT / LEGAL GUARDIAN INFORMATION

Please state relationship with the student _____ (Father)

Surname Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Nationality: _____
Occupation: _____ Workplace: _____
Religion: _____
Mobile: _____ LINE ID: _____
Email ID: _____ WhatsApp ID: _____
Postal/Home address _____

PARENT / LEGAL GUARDIAN INFORMATION

Please state relationship with the student _____ (Mother)

Surname Name: _____ First Name: _____
Date of Birth: ____ / ____ / ____ Nationality: _____
Occupation: _____ Workplace: _____
Religion: _____
Mobile: _____ LINE ID: _____
Email ID: _____
Postal/Home address _____

Are parents (circle where applicable) : Married Divorced Separated Remarried Other

If the student is not living with the parents, the student is living with _____

* I HEARBY DECLARE THAT THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

NAME	SIGNATURE	DATE
_____	_____	_____

TERMS AND CONDITIONS OF ENROLMENT

3. **FINANANCIAL AGREEMENT**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Payment of fees

- I/We hereby assume and accept full responsibility for the payment of any fees as a result of my/our child/ren attending CCT
- I/We acknowledge and accept that the school fees are payable in advance
- I/We acknowledge and accept that a Registration Fee is payable on acceptance of a place for my/our child at CCT. Should I/we not take up the place offered to my/our child, the registration fees will be forfeited.

***Remark:** The school fees will be reviewed from time to time and may be increased by an amount which the school considers reasonable due to internal/external reasons. We will endeavour to give at least two months' notice of any increase in the fees due for a particular term/year.

Cancellation Policy

1. Student Deposit is Non-refundable

2. Once a student has entered CCT, one term's (3 Months) written notice of withdrawal must be given to the school if the parents wish to terminate this contract for any reason. If such notice is not provided and the fees have been paid, the school will deduct the fees of the child's books and/or any others fees pertaining to the expenses rendered by the school and will thereafter return, if any, remaining amount.

Notwithstanding this provision, I understand that the school reserves the right to give a shorter period of notice of termination of the enrolment contract should the Director/Manager determine a shorter notice period as being appropriate.

Regarding our child's/children's previous school(s), there are no outstanding school fees.

I fully understand and agreed to the terms and conditions of the enrolment and school fees.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Sign	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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4. Guardian Information and Duties

It is the requirement of the school that **all international students are required to have a local guardian.** A guardian is a person enrolled with the school but is not residing with a parent and is appointed for the duration of their enrolment and who can act on behalf the student's parent to assist the student with all aspects of the student's welfare and needs.

Guardian Eligibility: (The person accepting the role of guardian must meet the following criteria.)

- **Must be authorized by the parent**
- Must be over 18 years of age.
- Have good written and verbal fluency in English.
- Be living in Thailand for the duration of the student's enrolment.
- Must have a recent Police Clearance Certificate.
- Must complete the information below by him/herself.

Responsibilities:

- Able to provide support for the student in regards to health matters, medical emergencies, travel and accommodation during.
- school vacations, hair-cuts, dental visits, shopping and any other transport requirements.
- Must be able to pick up and drop students during long holidays.
- Have regular contact with the students, parents and school.
- Inform the school of the student's absence or appointments and to submit leave form when required.
- Understands the school rules and expectations of the student behavior/consequences.
- Has knowledge of school activities and make leave arrangements accordingly.

Please note: If the guardian is not able to perform his/her duties for any reason a new guardian must be provided and can be appointed by the school.

<p>Guardian's Information</p> <p>Passport No. / Thai National ID No. _____ Nationality: _____</p> <p>Surname: _____ First Name: _____</p> <p>Contact Number: _____ Relationship to the student: _____</p> <p>Address: _____</p> <p>_____</p> <p><input type="checkbox"/> Please tick the box if you would like the school to appoint a local guardian for your child.</p>
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*I authorize the above-mentioned person to act on my behalf.

Parent Signature _____ Date: _____

5. SUPPLEMENT TO DECLARATION

I, _____, parent(s)/legal guardian(s) of _____
(student) hereby accept responsibility for my child’s conduct while he/she is at CCT.

As parents/legal guardians and student, we agree to adhere to the CCT Discipline Policy and any other policies and procedures that may be adopted from time to time by CCT. Details of which are in the STUDENT HANDBOOK.

I undertake to abide by and comply with all the rules and regulations of CCT, as set out in the information brochure Disciplinary Policy, and it is incumbent of me/us to make myself/ourselves familiar with all the rules and regulations pertaining to CCT.

Whilst every reasonable precaution and measure will be instituted, CCT will not take responsibility for any theft, loss of or damage to any property of whatever nature brought onto the School premises by my/our child

I undertake to inform the School in writing of any changes to the details included herein.
I will ensure that my/our child abides by all policies, procedures, and rules applicable to him/her.

I understand that CCT reserves the right to take reasonable action should the conduct of my child impact negatively on the School’s good standing in the community. This applies to conduct during school hours as well as outside of school hours that may reflect negatively on the School.

PARENTS/GUARDIANS COMMITMENT

To give effect to the values, mission and vision of CCT, all staff and students are guided by a Student-Parent Handbook to which they are committed. This is supported by the policies and procedures of CCT. Likewise, the parents, as important stakeholders of the School should be guided by a set of principles which align with the School’s values, mission and vision.

Hence, parents / guardians are committed to:

- Helping and encouraging their child to develop strong spiritual and moral values.
- Taking an active and supportive interest in the School’s aspirations.
- Taking an active interest in their child’s work and progress and in this regard attending parents’ meetings.
- Supporting the values, authority and discipline of the school.
- Reading and committing themselves to the relevant policy documents that pertain to them at the School.
- Being heard, and taking note of teachers concerns and comments.
- Recognising that
 - teachers are trained professionals
 - teachers perspectives may differ from that of parents
 - teachers have multiple time commitments

_____ Sign	_____ / _____ / _____ Date
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6. **Excursion Permission**

I/We, the undersigned, (full name of parent(s)/legal guardian(s)) _____

being the parent(s)/legal guardian(s) of _____ (student) understand that the School will arrange, in addition to normal school activities and, as part of its broad curriculum, activities such as extra classes, sport, excursions, outings, camps and general educational, cultural and social activities. I/We give permission for my/our child/ward to be involved in any such activities as may be arranged and in turn will give consent for extra charges incurred as long as the school as provide notice before the activities.

In loco parentis

I agree to CCT acting “in loco parentis” for the full period during which my child is enrolled in the School.

Whilst acting “in loco parentis”, CCT is authorized to grant consent for emergency medical treatment, operations or anaesthetics in cases where parents/legal guardians are not reachable. He/She will consult with parents when reasonably possible to do so.

Indemnity and Waiver

I agree that while my child is enrolled at CCT and is involved in activities of the school, or is conveyed or transported at any time for such or other purposes, then it shall be at my/our and my child’s own risk and undertake to exempt CCT, Governing Council, the Director/Manager and the staff, on behalf of myself, my executors, my wife/husband and my child as mentioned, of all compensation and free them from any claims whatsoever in connection with any loss or damage of property of the said child or any injury of the said child, which may occur during any school activities, on the understanding that the Manager, the School and the staff have taken all reasonable precautions to ensure the safety and welfare of my child.

<p>_____</p> <p>Sign</p>	<p>_____/_____/_____</p> <p>Date</p>
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MEDICAL INFORMATION

This form is required in the case of an emergency where a student may have to be taken to the doctor or hospital during school hours. This form should be completed in full by the parent/legal guardian.

First contact person _____ Telephone number _____

Alternative contact person _____ Telephone number _____

Name of family doctor (If any): _____ Telephone number _____

Medical history of child

Allergies Medicines _____

Foods _____

Other _____

Chronic diseases (Circle where applicable)

Heart yes / no

Lungs yes / no

Kidneys yes / no

Meningitis yes / no

Diabetes yes / no

Other (specify) _____

If yes to any of the above, please specify _____

Childhood diseases (circle where applicable)

Measles yes / no

Mumps yes / no

Chicken pox yes / no

Dengue Fever yes / no

Tropical diseases

Malaria yes / no

Bilharzia yes / no

Other (please specify) _____

Any operations for special attention (specify)

Medication: CCT has a “no medicine dispensing” policy. However, should it be necessary for your child to take medication supplied by you, please provide full and specific details.

Other Details:

Medical Emergency Contact: (In the case parents are not reachable.)

Surname: _____ First Name: _____

Contact Number : _____ Relationship to the student: _____

I authorize CCT and grant consent for emergency medical treatment, operations or anesthetics in the cases where parents/legal guardian is not reachable immediately or the student is in a critical health condition.

Name: _____ Sign: _____

Insurance Details: _____

How did you hear about us:

CCT Alumni CCT Parent Advertisement Agent

Please Specify: _____

Agent Details: (If Applicable)

Surname: _____ Contact Work: _____

First Name: _____ Home: _____

Location: _____ Mobile: _____

For Administration ONLY

SIGNED ON BEHALF OF CCT

FULL NAME: _____

DESIGNATION: Admin / Management

SIGNATURE: _____

DATE: _____ / _____ / _____