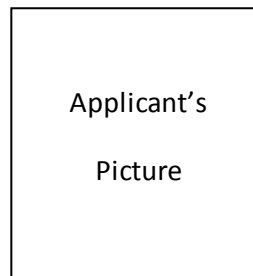


# CAMBRIDGE COLLEGE (THAILAND)

458/1 Moo 3  
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## 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 CCThere forth.  
*\*Please note: This application consist of 8 pages. Please return the document blank if there are less than 8 pages.*

### 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 \_\_\_\_\_

Disabilities (if any, please specify) \_\_\_\_\_

Number of children in the family \_\_\_\_\_ Position in the family \_\_\_\_\_ out of \_\_\_\_\_ children

Siblings attending CCT : Yes / No

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

Name(s) \_\_\_\_\_

### Current School

Name of current school \_\_\_\_\_ Current Grade \_\_\_\_\_

Contact Number \_\_\_\_\_ Number of years in current school \_\_\_\_\_

Please attach the following documents to this Form

1. Copy of Child's birth certificate or copy of passport
2. Copy of parent(s) ID or copy of Passport
3. Copy of latest school report
4. English Testing results (ex: IELTS)
5. Entrance exam papers
6. Two recent passport size photos

**PARENT / LEGAL GUARDIAN INFORMATION**

Info Required	Fathers Info / Guardian 1	Mothers Info / Guardian 2
Surname		
First names		
Residential city		
Home telephone		
Mobile number		
E-mail address		
Nationality		
Occupation		

Postal address \_\_\_\_\_  
\_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

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

If not living with parents, child is living with \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Relation to the Student: \_\_\_\_\_

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

TERMS AND CONDITIONS OF ENROLMENT

**1. FINANANCIAL AGREEMENT**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

With regard to the payment of school fees, I/we, \_\_\_\_\_ the parent(s) or legal guardian(s) of \_\_\_\_\_ (name of child enrolled at CCT) and whose date of birth is \_\_\_\_\_ take note and agree to the following:

**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 of \_\_\_\_\_ 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. Further to this, the Registration Fee is a one off payment and is not used to offset school fees.
- The School reserves the right, *after reasonable warning and communication*, to withhold providing tuition to pupils whose fees are outstanding to an unacceptable amount deemed by CCT.
- I choose the following permanent residential address for CCT to provide any notices, processes and other urgent communication:

*Permanent Residential Address:*

.....  
.....

**Cancellation Period (3 month notice)**

- Once a student has entered CCT, one term's 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 the remaining amount.
- 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.

*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.

**PERSON RESPONSIBLE FOR SETTLEMENT OF SCHOOL FEES**

Full name \_\_\_\_\_ ID/Passport number \_\_\_\_\_

Postal address \_\_\_\_\_

Residential address \_\_\_\_\_

**Contact numbers**

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

**2. CONSENT AND INDEMNITY**

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.

FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**3. 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.

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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**4. 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

**PARENTS/LEGAL GUARDIANS**

I have read and understand the conditions of admission to CCT, and hereby declare that all information provided is accurate, and correct, and by signing below accept the conditions set out in this Contract of Enrolment.

FULL NAMES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**FOR AND BEHALF OF CCT**

FULL NAME \_\_\_\_\_

DESIGNATION Admin / Management

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**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 (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:

**Designated Local Guardian** (who the student will be living with for the course of the duration and the person responsible for the student's wellbeing when not in school.)

Relationship to the student: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Contact no: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Emergency Contact:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

**Agent Details:** (If same as above please tick here)

Surname: \_\_\_\_\_ Contact Work: \_\_\_\_\_

First Name: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Insurance Details:** \_\_\_\_\_


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

Name: \_\_\_\_\_ Sign: \_\_\_\_\_