

**Capital Letters Only**



**Noddy by Elizabeth**  
British International Playgroup

Student Code

School Year

Term

Class

		/		

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# Application Form

**Child Information**

*name to be called at school*

Name  Nick Name

Middle Name  Surname

Gender  Boy  Girl Date of Birth  <sup>dd</sup> /  <sup>mm</sup> /  <sup>yyyy</sup>

Nationality  Passport Number   
*as shown on Passport* *can leave blank for Thai nationality without a passport*

Based Hospital   
*name of hospital in which your child has records or you prefer in case of emergency*

Physical Health  Good  Other (Please indicate)   
*any physical concern of which we should be aware*

Allergy  Nothing  Yes (Please indicate)   
*things that he/she is allergic to especially diet and environment*

Milk for morning break (Choose only one)  None  Plain  Chocolate  Soya

He/She is the  child of total  children in the family

Previous School  None  Yes Name

**Parent's Information**

**Father** *MR./Dr./...*

Title  Name

Surname

Office

**Mother** *MS./MRS.*

Title  Name

Surname

Office

**Contact**

Home Address

Home Telephone  Father Mobile

*address to which you prefer us to send files and/or information*

Mother Mobile  email

*choose only the most appropriate number for us to call*

Emergency Number  Father  Mother  Home  Other>>

Any other relevant information

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_