



Ramkhamhaeng Advent International School

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ENGLISH HOLIDAY PROGRAM APPLICATION

Session 1 **MARCH - MAY**

Session 2 **JUNE - JULY**

Session 3 **OCTOBER**

Application No.

STUDENT'S INFORMATION

Student's Name: _____ Male Female
(First Name) (Middle Name) (Last Name)

Student's Nickname: _____ Birth date: ____/____/____ Nationality: _____

Grade: _____ Current School: _____ Religion: _____

Medical Condition / Allergies: _____

Doctor's Name: _____ Hospital: _____

Knowledge of English: None Little Fluent

PARENT / GUARDIAN INFORMATION

Parent's Name: _____ Father Mother
(First Name) (Middle Name) (Last Name)

Present Address: _____

Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Emergency contact person other than parents: _____
(First Name) (Middle Name) (Last Name)

Relationship to Student: _____ Telephone: _____

How did you hear about RAIS English Holiday Program?

Friends Brochure Newspaper Radio Booth _____
 Others: _____

Parent's Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Study Period: _____ Amount Paid: _____ Baht

Signature: _____ Finance Date: ____/____/____

Signature: _____ Registrar Date: ____/____/____