



Ramkhamhaeng Advent International School

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REQUEST FOR IMMIGRATION ASSISTANCE IMMIGRATION SERVICE (VISA)

STUDENT'S INFORMATION

Date: ____/____/____

Name: _____
(First Name) (Middle Name) (Last Name)

Male Female Student ID#: _____ Grade: _____ Birth Date: _____

Visa Type: _____ Expiry Date: _____

Present Address: _____

Telephone: _____ Mobile Phone: _____

PARENT / GUARDIAN INFORMATION

Name: _____
(First Name) (Middle Name) (Last Name)

Visa Type: _____ Expiry Date: _____

Home Telephone#: _____ Mobile Phone: _____

Relationship: Father Mother Guardian

Number of Children: _____ 1.) Name _____ Grade _____

2.) Name _____ Grade _____

3.) Name _____ Grade _____

Type of Visa Requested: Change Visa from Tourist to Non-Immigrant

Extend Visa

Received By: _____

Date: ____/____/____

**** Please allow 2 – 5 working days for processing ****

FOR OFFICE USE ONLY:

Registered for School Year: _____

Signature: _____ Registrar Date: ____/____/____

Signature: _____ Finance Date: ____/____/____

Signature: _____ School Chairman Date: ____/____/____