

Lamai International School



โรงเรียนนานาชาติละไม

Lamai International School

Website: lis.ac.th

Email: info@lis.ac.th

APPLICATION FORM FOR ADMISSION

CLASS APPLIED FOR 20/...../ 20 ACADEMIC SESSION..... ID.....

NAME (Surname in capital) (First names in capital)			
SEX	AGE		
DATE OF BIRTH	PLACE OF BIRTH		
RELIGION	TOWN & STATE OF ORIGIN		
CONTACT ADDRESS			
PERMANENT ADDRESS (if different from above)			
LOCAL LANGUAGE			
NATIONALITY			
A. FATHER	B. MOTHER		
NAME	NAME		
ADDRESS	ADDRESS		
OCCUPATION	OCCUPATION		
E-MAIL ADDRESS	E-MAIL ADDRESS		
TELEPHONE NO.	TELEPHONE NO.		
c. GUARDIAN			
NAME			
ADDRESS			
OCCUPATION			
EMAIL ADDRESS			
TELEPHONE NUMBER			
SCHOOLS ATTENDED			
NAME AND ADDRESS	PERIOD OF STUDY	EXAM PASSED	HEAD OF SCHOOL
(i)			
(ii)			
(iii)			
MEDICAL HISTORY			
ALLERGIES TO MEDICATION			
ANY OTHER CHALLENGES			
OTHER REMARKS			
TWO PASSPORT PHOTOGRAPHS TRANSFER CERTIFICATE	PLEASE TICK THE BOX IF DATA IS AVAILABLE		
<input type="checkbox"/>	LAST REPORT OF PREVIOUS SCHOOL BIRTH CERTIFICATE (photocopy)		<input type="checkbox"/>
SIGNATURE OF PARENT/GUARDIAN			



(Tear off and bring to the Exam & Interview)

Full Name:
 Address:
 Candidate's Signature:

สำหรับเจ้าหน้าที่
 เข้าเรียน
 จำหน่าย