

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				
<i>(Surname in capital)</i>	<i>(First names in capital)</i>			
SEX	AGE			
DATE OF BIRTH	PLACE OF BIRTH			
RELIGION	TOWN & STATE OF ORIGIN			
CONTACT ADDRESS				
PERMANENT ADDRESS <i>(if different from above)</i>				
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)				
PHOTO CONSENT (student photos may appear on LIS social media outlets and/or website) YES NO				
MEDICAL HISTORY				
ALLERGIES TO MEDICATION				
ANY OTHER CHALLENGES				
OTHER REMARKS				
TWO PASSPORT PHOTOGRAPHS TRANSFER CERTIFICATE		PLEASE TICK THE BOX IF DATA IS AVAILABLE	LAST REPORT OF PREVIOUS SCHOOL BIRTH CERTIFICATE (photocopy)	
<input type="checkbox"/>			<input type="checkbox"/>	
..... SIGNATURE OF PARENT/GUARDIAN				



(Tear off and bring to the Exam & Interview)

Full Name:

Address:

Candidate's Signature:

