

Registration Date:	DD / MM / YYYY			
Start Date:	DD / MM / YYYY			

Student ID:

Application Fee:	
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Applicant Photo 35 x 45 mm

Application F	orm for Student	Enrol	ment							
Precious Stude	nt Information									
First Name:	EN	GLISH			Middle Name:					
THAI			Nic	ckname:						
Last Name:	ENGLISH			Nat	ionality:					
	THAI				Passport/ID:					
Date of Birth:	DD / MM / YYYY	Age:	YEARS	MON	NTHS	Gender:		ale Female	Blood Group:	:
Place of Birth:			Weight:	Kgs	Hei	ght: CN	/ N	lative Language	:	
Home Address:										
							Н	lome Tel:		
Known Allergies:										
Precautions:										
Precious Paren	t/Guardian Infor	matior	1							
Father's Name:					Las	t Name:				
Nationality:					Pas	ssport/ID:				
Occupation:					Cor	mpany Na	me:			
Office Address:										
							Off	ice Tel:		
E-mail:							N	Mobile:		
Mother's Name:					Las	t Name:				
Nationality:						ssport/ID:				
						l				
Occupation:	Company Nam					me:				
Office Address:										
							Off	ice Tel:		
E-mail:							N	Mobile:		

Precious Siblin	gs Information				
	FIRST NAME / LAS	ST NAME	AGE	SCHOOL	SEX
	FIRST NAME / LAS	ST NAME	AGE	SCHOOL	SEX
	FIRST NAME / LAS	ST NAME	AGE	SCHOOL	SEX
	FIRST NAME / LAS	ST NAME	AGE	SCHOOL	SEX
Emergency Co	ntact Details				
Name:			Last Name:		
Nationality:			Passport/ID:		
Relationship:			Occupation:		
Office Address:					
				Office Tel:	
E-mail:				Mobile:	
Additional Info:		(OPTIONAL) YOU	CAN WRITE IF THERE IS	MORE THAN ONE PERSO	N
A Little Bit Mo	re Information				
Languages Know	ın:			Favourite Food:	
Interests/Hobbie	es/Sports:				
Previous School:			Location:		
Class/Grade:			Passport/ID:		
Program to Atte	nd at PLW:		Class:		
Transportation R	Requirements*:	Car O BTS O Sch	nool Van Others		
*Remark: Persoi Records.	nal Identification C	ards are required to	be used by people rec	eiving and sending to th	e school for Daily
How did you hea	ar about us? O Fri	ends Magazine/F	Flyer	Brochure Relative	Web Event
Additional Info:		(OPTIONAL) PLEAS	SE WRITE THE NAME/L	OCATION OF THE SOURC	 CES
The Parent/Gua	rdian who are sign	ing this application o	ertify that the inform	ation filled in herewith i	s correct and will not
hold the center	responsible for any	y incorrect informati	on filled in or provided	d.	
		Parent/	Guardian Signature:		
		y	- 0		
		Pare	nt/Guardian Name:		
				Sign Date:	DD / MM / YYYY
For Internal Of	fice Use Only		Office Signature:		
Admitted On:	DD / MM / YYYY	Registration Paid:		Date:	DD / MM / YYYY