



INTERNATIONAL SCHOOL EASTERN SEABOARD  
 P.O. Box 6, Banglamung, Chonburi 20150, Thailand  
 Tel: 66 38 372 591 to 4 Fax: 66 38 345 156

APPLICATION FOR ADMISSION

Family Reference No.:

PLEASE PRINT LEGIBLY IN BLOCK LETTERS

Father or mother and student passports with non-immigrant visas and two 2x2" student photos must accompany this application form. School records for the past 2 years are required before admission.

**Student Information:**

Student's \_\_\_\_\_  
 (family name) (first name) (middle initial) (preferred name or nickname)

Nationality \_\_\_\_\_ Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 day/month/year Circle gender: male female

Passport No. \_\_\_\_\_  
 Place of Issue Issued day/month/year Expiry day/month/year

Type of Visa \_\_\_\_\_  
 Place of Issue Issued day/month/year Expiry day/month/year

Thai ID No. \_\_\_\_\_  
 Place of Issue Issued day/month/year Expiry day/month/year

Native Language \_\_\_\_\_ Present Grade/Yr. \_\_\_\_\_ When did he/she commence this grade? \_\_\_\_\_

Applying for admission to grade level \_\_\_\_\_ Anticipated starting date at ISE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 day/month/year

Student lives with: (Check any that apply) (Check any that apply)

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Father deceased	<input type="checkbox"/> Parents divorced
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Parents separated
<input type="checkbox"/> Guardian	<input type="checkbox"/> (Specify relationship)		

Who has legal custody? \_\_\_\_\_

Boarding in ISE dormitory \_\_\_\_\_ If boarding, number of days per week \_\_\_\_\_

**Sibling information:** List siblings who are applying for, attending, or have attended ISE.

First Name (Last, if different)	Birthdate	Relationship	Grade	From Year-to Year



## Transportation:

International School Eastern Seaboard contracts with V.P. Transport to provide (for a fee) school bus transportation for any students attending the school. Service is offered on a round-trip basis only. All buses are equipped with seat belts and air-conditioning.

Does the student desire school bus transportation? Yes \_\_\_ No \_\_\_

**Please note:** Transportation fees will not be refunded after the end of the first quarter of the first semester, and after the end of the third quarter of the second semester.

FOR TRANSPORTATION USE ONLY						Circle appropriate transportation code for billing purposes:					
1	2	3	4	5	6	7	8	9	10	11	12
Transportation Supervisor's Signature _____								Date _____			

This formal application for admission to ISE will not be considered complete until (1) The above form has been completed fully to the best of the student's and his/her family's ability; (2) The school receives previous (at least two most recent years) school records and necessary documents (This applies to students grades 1-12); (3) The student health form is completed; (4) All fees have been paid in full for the school year's first semester; (5) ISE arranges an appointment for screening.

International School Eastern Seaboard reserves the right to determine the placement of the applicant in the grade level or subjects judged most appropriate for the student's school experience.

This completed application indicates your intention to enroll your child at ISE, but it is not a binding commitment.

## Certification:

We certify that the above information is complete, true and accurate to the best of our knowledge. We authorize the school to request transcripts and to verify the facts. We realize that our failure to provide accurate information could jeopardize the student's enrollment at ISE. It is understood that when a student enrolls in the school, he/she and his/her parent(s) or guardian(s) agree to conform to its procedures and comply with its rules and regulations as outlined in the school handbook.

Signature of the student and a parent or guardian is requested. Please sign below:

Date \_\_\_/\_\_\_/\_\_\_  
day / month / year

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_/\_\_\_/\_\_\_  
day / month / year

Signed \_\_\_\_\_  
Student Applicant ( grade 6-12 )

FOR OFFICE USE ONLY	
First Day of Classes at ISE: _____	Administration Approval _____
Business Office _____	Counselor's Approval _____
Grade Placement _____	ESL Billing Level _____

## Address and Billing Information:

Every year, ISE publishes a family telephone directory for internal distribution only. Would you like your name and address published in the ISE telephone directory? Check one:  Yes  No

Send all ISE mail to:  Home address  Father's work address  Mother's work address

**Home address in Thailand:** \_\_\_\_\_

\_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Home phone number \_\_\_\_\_ Mobile phone \_\_\_\_\_

Full name of parent or guardian who resides with student \_\_\_\_\_

Relationship to student \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

**Local Emergency Contact in Thailand:** (other than parent or guardian).

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

**Student/Alumni Permanent Mailing Address:** (Home country to which student will return)

Name or In care of: \_\_\_\_\_

Address \_\_\_\_\_

Home State, Province, Country \_\_\_\_\_ Postal code \_\_\_\_\_ Phone \_\_\_\_\_

### Billing Information:

Financial responsibility for student will be assumed by: \_\_\_\_\_

If joint payment, indicate percentage: Family \_\_\_% Employer \_\_\_% Other \_\_\_% Total 100%\_?

ISE Invoice and billing information should be addressed and sent to \_\_\_\_\_  
Name of person or organization/company responsible for payment

At (please check one):  Student's home address  Employer's address  Other (please provide details below)

Address \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Phone \_\_\_\_\_ Fax number \_\_\_\_\_