

# SUMMER SCHOOL 2025

## APPLICATION

## FORM

### PERSONAL INFORMATION

Student Full Name :  Student Nickname :   
(PLEASE USE CAPITAL)

Nationality :  Year group :

Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender : ☐ Male ☐ Female

Current School Attend : \_\_\_\_\_ Curriculum : \_\_\_\_\_

Father Name : \_\_\_\_\_ Mother Name : \_\_\_\_\_

Father Phone Number : \_\_\_\_\_ Mother Phone Number : \_\_\_\_\_

Father E-Mail : \_\_\_\_\_ Mother E-Mail : \_\_\_\_\_

Guardian Name : \_\_\_\_\_ Guardian Phone Number : \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address in Phuket : \_\_\_\_\_ Mobile Number 1 : \_\_\_\_\_

### MEDICAL INFORMATION

Allergies : \_\_\_\_\_

Medical Requirement : \_\_\_\_\_

Special Dietary : ☐ Vegetarian ☐ Halal Other : \_\_\_\_\_

Preferred Hospital : \_\_\_\_\_ Doctor's name : \_\_\_\_\_

### OFFICIAL USE ONLY

Student Passport Number : \_\_\_\_\_ Guardian Passport Number : \_\_\_\_\_

**More Information :** Kajonkiet International School Phuket

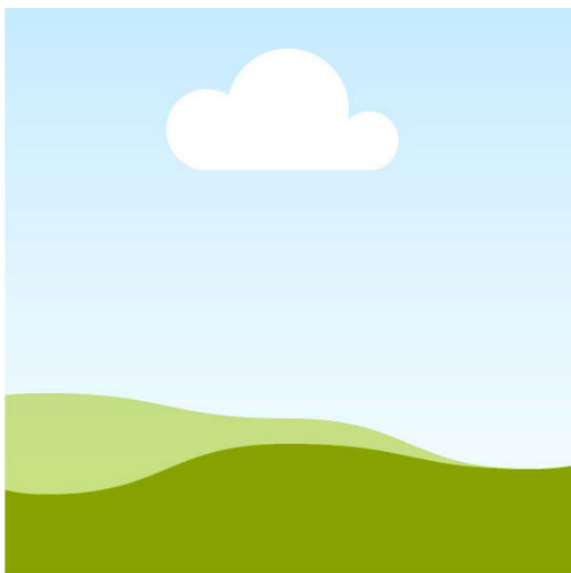
📍 125/1 Soi TheValley 1, Praphuketkaew, Kathu, Phuket 83120, Thailand  
☎ +66 (0)76-684-445-5 (KIS)  
✉ eca@kisp.academy



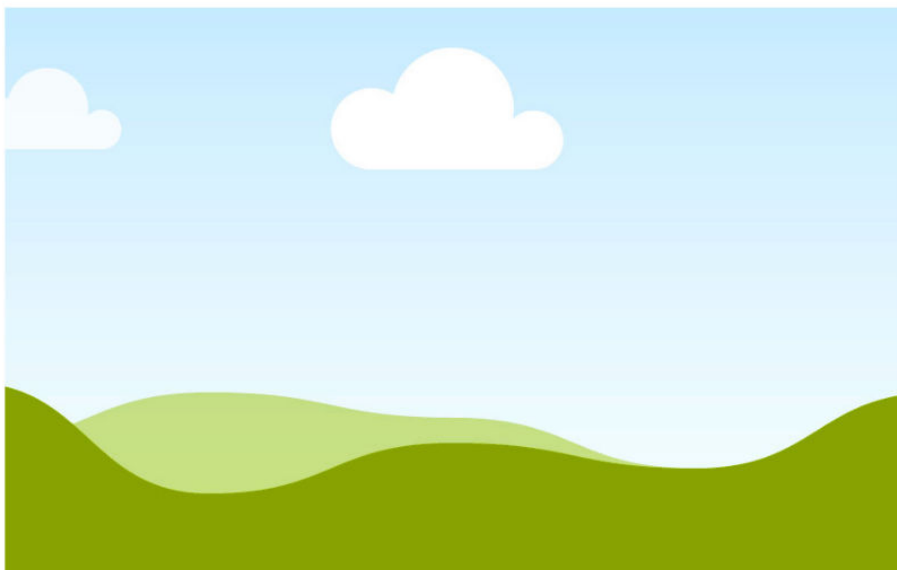
THANK YOU

# STUDENT PHOTO & PASSPORT OR ID CARD

## STUDENT PHOTO



## PASSPORT OR ID CARD



**More Information :** Kajonkiet International School Phuket

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THANK YOU

# PARENT CONSENT FORM

Student Full Name :   
(PLEASE USE CAPITAL)

Student Nickname :

Guardian Name 1 : \_\_\_\_\_ Guardian Name 2 : \_\_\_\_\_

As a parent/guardian of the student named above, I give my consent for him/her to participate in this Summer School and agree to delegate my authority to the staff involved. Such teacher may take whatever disciplinary action they deem necessary to ensure the safety, well-being and good conduct of the students as a group, or individually.

I understand that the teachers will endeavor to contact me in an emergency. If I am unable to be contacted, I authorize the teachers to obtain medical assistance which they deem necessary should an accident or illness occurs.

## HEALTH CONDITIONS

Please identify below if your son/daughter is affected by any of the following health conditions:

- ☐ Asthma   ☐ Epilepsy   ☐ Fainting/dizzy spells   ☐ Diabetes   ☐ Migraine  
☐ Sleepwalking   ☐ Travel sickness   ☐ Other \_\_\_\_\_

Please detail any medication that your son/daughter needs to bring on the trip:

\_\_\_\_\_

Please be aware that any medication (except asthma inhalers) must be given to a member of camp staff with full instructions on dosage, time to be taken etc. Medication must be in the original container as staff will follow the directions on the label.

Do you give permission for staff to administer Paracetamol? ☐ YES   ☐ NO

Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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