

## Si Ri Panya Enrolment Form

This enrolment form must be fully completed and emailed to info@siripanya.com. The refundable security deposit must also be received before a classroom place can be reserved and enrolment completed. A separate form should be completed for each child.

### Personal Details

First name:	Family Name:
Date of birth:	Male / Female:
Nationality:	Country of birth:

### Language Ability

First language of pupil:			
Is pupil's spoken first language:	Good:	Not sure:	Poor:
Reads first language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Good:	Not sure:	Poor:
Writes first language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Good:	Not sure:	Poor:
Other languages spoken by pupil:			
Other languages pupil can read:	Good:	Not sure:	Poor:
Other languages pupil can write:	Good:	Not sure:	Poor:
Does anyone in the family speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who:		

### Educational Background

Has pupil attended school abroad: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, for how many years:
In which country has the pupil attended school:	
What was the main language of instruction:	
Favorite subject(s):	
Previous schools attended (with dates)	
School:	From: To:
School:	From: To:

### Medical Information

Please give details of any information on hearing, sight, speech therapy ADHD, Dyslexia, Dyscalculia, Autism etc. that could affect the pupil's learning: (if you fail to inform us of a Special Educational Need the offer of a class place could later be withdrawn)

Any other relevant medical information:

**All holders of parental responsibility for the above-named child must be listed on this form.**

### Mother's Details (or person with parental responsibility for the child)

First name:	Family Name:
Nationality:	Job title:
Phone number 1:	Phone number 2:
Email address:	

### Father's Details (or person with parental responsibility for the child)

First name:	Family Name:
Nationality:	Job title:
Phone number 1:	Phone number 2:
Email address:	

### Additional Emergency Phone Numbers who MUST be living on Koh Phangan

Name 1:	Relationship:	Phone number:
Name 2:	Relationship:	Phone number:

### Family Background

Does one parent work regularly abroad? Do parents live apart? Does a guardian look after the child? Etc.

### For internal school use only

Date form received:	Expected start date:	EAL: <input type="checkbox"/>	Class year group:	Mailchimp updated: <input type="checkbox"/>
Contact details added: <input type="checkbox"/>	Phonics assessment: <input type="checkbox"/>	Date:	Time:	Visit day: <input type="checkbox"/>
Deposit paid: <input type="checkbox"/>	Class register updated: <input type="checkbox"/>	Teacher emailed: <input type="checkbox"/>	Fee tracker updated: <input type="checkbox"/>	Insurance updated: <input type="checkbox"/>

Parent 1 name: .....  
 Signature: .....  
 Date: .....

Parent 2 name: .....  
 Signature: .....  
 Date: .....

