

Changing the world, one student at a time...

Wells International School

Student Application Form

ATTACH STUDENT PHOTO	OFFICE USE ONLY			
	TESTING DATE (YEAR/MONTH/DAY)		GRADE LEVEL	
	DATE OF ADMISSION (YEAR/MONTH/DAY)		STUDENT ID #	
	COMMENTS/NOTES			CAMPUS
				<input type="radio"/> Bang Na <input type="radio"/> Thong Lor <input type="radio"/> On Nut

STUDENT PROFILE			
NAME (LAST, FIRST MIDDLE)			
NATIONALITY		CITIZENSHIP	
GENDER	MALE FEMALE	PASSPORT NUMBER	
DATE OF BIRTH (YEAR/MONTH/DAY)		RELIGION	
PLACE OF BIRTH		LAST SCHOOL ATTENDED	
E-MAIL ADDRESS (IF APPLICABLE)		LAST GRADE COMPLETED	
HOME PHONE #		MOBILE PHONE # (IF APPLICABLE)	
HOME ADDRESS			STUDENT LIVES WITH: PARENT(S) GUARDIAN

Any and all information gathered by Wells International School will be used solely by the school as reference and will neither be distributed nor sold for any purpose to individuals outside of the staff body. No student shall be discriminated against due to gender, nationality, ethnicity, religion, sexual orientation, disability, political association or socioeconomic background.

We understand that completing this form does not ensure that the applicant will be accepted as a student in the Wells International School System. Furthermore, should the applicant be formally enrolled at any Wells campus, we accept that the applicant's continued enrollment is contingent on his/her adherence to school policies, procedures and directives as outlined in this document, the student handbook and all other pertinent sources. We also grant permission for the applicant's image to appear in school-related promotional material; we understand that a written request must be submitted should we wish to not have our child(ren)'s image appear in such media.

Parent/Guardian Signature _____
 Date (Year/Month/Day) _____

Parent/Guardian Signature _____
 Date (Year/Month/Day) _____

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On Nut Campus
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PARENT PROFILE			
NAME (LAST, FIRST MIDDLE)		CITIZENSHIP	
NATIONALITY		PASSPORT #	
GENDER		RELIGION	
DATE OF BIRTH (YEAR/MONTH/DAY)		OCCUPATION	
HOME PHONE #		WORK PHONE #	
MOBILE PHONE #		E-MAIL ADDRESS	
HOME ADDRESS			
MAILING ADDRESS (If different from home address)			
PARENT PROFILE			
NAME (LAST, FIRST MIDDLE)		CITIZENSHIP	
NATIONALITY		PASSPORT #	
GENDER		RELIGION	
DATE OF BIRTH (YEAR/MONTH/DAY)		OCCUPATION	
HOME PHONE #		WORK PHONE #	
MOBILE PHONE #		E-MAIL ADDRESS	
HOME ADDRESS			
MAILING ADDRESS (If different from home address)			
GUARDIAN PROFILE (IF APPLICABLE)			
NAME (LAST, FIRST MIDDLE)		CITIZENSHIP	
NATIONALITY		PASSPORT #	
GENDER		RELIGION	
DATE OF BIRTH (YEAR/MONTH/DAY)		OCCUPATION	
HOME PHONE #		WORK PHONE #	
MOBILE PHONE #		E-MAIL ADDRESS	
HOME ADDRESS			
MAILING ADDRESS (If different from home address)			
SEND STUDENT INFORMATION TO:		PERSON RESPONSIBLE FOR TUITION:	

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STUDENT HEALTH INFORMATION

DESIGNATE A PRIMARY EMERGENCY CONTACT:	Father	Mother	Guardian
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SECONDARY EMERGENCY CONTACT (IF GUARDIAN OR OTHER)

NAME (LAST, FIRST MIDDLE)			
NATIONALITY		CITIZENSHIP	
GENDER		PASSPORT #	
HOME PHONE #		OCCUPATION	
MOBILE PHONE #		WORK PHONE #	
RELATIONSHIP TO STUDENT:		E-MAIL ADDRESS	

MEDICAL HISTORY

HEIGHT (cm)		WEIGHT (kg)	
DIETARY NEEDS	Vegetarian	Gluten-Free	Other (Specify) _____

	YES	NO	DETAILS
MEDICATIONS ALLERGIES			
FOOD ALLERGIES			
HAS YOUR CHILD RECEIVED ALL LEGALLY REQUIRED VACCINATIONS?			
DOES YOUR CHILD WEAR EYEGLASSES?			
IS YOUR CHILD TOILET TRAINED? (KINDERGARTEN)			
DOES YOUR CHILD HAVE ANY OTHER SPECIAL HEALTH REQUIREMENTS?			

PLEASE CHECK IF THE STUDENT OR A FAMILY MEMBER HAS OR HAS HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS

	YES	NO	DETAILS
ANEMIA			
ASTHMA			
CANCER (PLEASE SPECIFY)			
DIABETES			
EPILEPSY			
HEART DISEASE			
HIGH BLOOD PRESSURE			
KIDNEY DISEASE			
TUBERCULOSIS (TB)			
MEASLES			
CHICKEN POX			
MUMPS			
INFLUENZA			
OTHER (PLEASE SPECIFY)			

All of the above information is accurate to the best of my knowledge, and I will provide a copy of the applicant's immunization records if requested. I understand that in emergency situations, the school may be required to authorize or carry out minor operative and therapeutic procedures or operations in the event of extreme emergencies. I grant Wells International School this authority.

X _____
Parent / Guardian Signature

Date (Year/Month/Day)

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Swimming Permission (Primary/Secondary)

YES **NO** I acknowledge that swimming is a part of the school curriculum and that my child is required to take part in swimming class weekly. I am also aware that not attending swimming class without a written excuse from a parent/guardian regarding an illness will affect my child's physical education grade.

Field Trip Permission

YES **NO** I acknowledge that all Wells campuses arrange for off-campus trips, including academic-related field trips, sports competitions, off-campus performances and annual overnight camps. While the school will send written notifications for events outside regular school hours, I understand that in-schedule events will be announced via e-mail and the online school calendar.

Transport & School Bus Service

_____ My child will be using the school's bus service. I understand that the school office needs to be informed one day in advance if my child will not be using the bus.

Building & No. (if applicable)	
Street Address	
Zip Code	
Contact #	
Other Details (if applicable)	

_____ My child will be using public transportation.
(Only students in middle and high school are allowed to travel on their own. Exceptions will be made only upon direct request of parents and/or guardians.)

_____ My child will be picked up after school by a:

	Name	Passport/ID #/License #
_____ Parent	_____	_____
_____ Guardian	_____	_____
_____ Driver	_____	_____
_____ Nanny	_____	_____

I understand that I must notify the school if any changes to these decisions occur.

X _____
Parent / Guardian Signature

Date (Year/Month/Day)

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Probationary Academic Contract

Has the student been held back or required to repeat a school level?	Yes	No
Details:		
Has the student ever received remedial instruction?	Yes	No
Details:		
Has the student ever received special educational services?	Yes	No
Details:		
Has the student ever been required to enroll in an English as a Second Language (ESL) program?	Yes	No
Details:		
Has the student been in a gifted or talented program?	Yes	No
Details:		
Has the student evaluated by educational psychologist or specialist?	Yes	No
Details:		
Has the student ever been suspended or expelled from school for any reason?	Yes	No
Details:		
Is the student on medication on a regular basis?	Yes	No
Details:		
Does the student have physical health limitations or special dietary requirements?	Yes	No
Details:		
Does the child have an IEP (Individual Educational Plan)?	Yes	No
Details:		

I affirm that all the information above is accurate to the best of my knowledge. I understand that my child is admitted into Wells International School under a provisional period of 90 school days starting from the day of enrollment. In the event of any false or omitted information, I understand that I be asked to withdraw my child within or subsequent to the 90-day period. I also understand that even should my child be admitted into a mainstream class, he/she may be required to enroll in ESL pending further evaluation by instructors.

X _____
Parent / Guardian Signature

Date (Year/Month/Day)

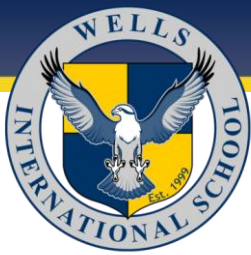
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Social Contract (Primary & Secondary)

Wells International School is committed to providing a safe environment that fosters academic, personal/social and emotional development for all students. The following policies were thus adopted in order to ensure that all Wells students receive a positive experience while studying with us.

1) Anti-Bullying and Anti-Violence Policy

- All students have a right to study in an environment that is safe from harm. Any incidence of bullying (i.e. physical, verbal, emotional, online), violence, or bringing harmful objects to school by students will be dealt with according to the following steps:
- **Step 1:** Students involved will receive a warning and possible detentions or educational sessions organized by either the Counseling Department or Director of Discipline. Parents will immediately be notified if the child is involved.
Step 2: Students involved may receive a possible suspension of up to a one-week period if repeated offenses occur. In the case of bringing a harmful object to school, students may be suspended without warning depending on the nature of the object or intent to harm.
Step 3: Repeated incidences may lead to mandated counseling or family therapy sessions from a psychologist or therapist working outside of the Wells system. If it is decided through professional assessments that the student will need outside intervention by an institution specializing in behavioral/social/emotional issues, we ask for parents' support. All fees for these services are additional to the base Wells tuition, and are to be paid for by parents.

2) Substance Abuse Policy

- The use of drugs (including tobacco or alcohol) by students in school or while wearing school uniforms outside of campus is strictly prohibited. Parents will be notified of any such incidences immediately. The three-step policy highlighted above will also apply to students who are suspected of substance use.
- The school reserves the right to search lockers or private belongings of students suspected of substance use. The Counseling Department will inform parents about this issue prior to any type of search.

3) Academic Probation Policy

- Wells International School aims to provide a high quality academic experience for all students. Students who perform poorly academically may be placed in academic probation, which includes suspension from extra-curriculars, and/or mandated after-school sessions dealing with homework and organizational skills. In addition, parents will be notified when students are in danger of failing their academic courses.

4) Disciplinary Issues and Proper Uniform Policy

- All students are expected to wear the proper Wells student uniforms while on campus, with the exception of special occasions that will be announced to students. Uniforms must be worn appropriately (i.e. length of shorts and sleeves must not be too revealing, uniform must be clean, etc.) at all times while representing Wells International School. Incidences of inappropriate dress code will be reported to parents, and students may receive detentions as a consequence.
- The teachers of Wells International School reserve the right to determine consequences for students who skip class or show up late without a proper reason (i.e. medical, family emergency). This may be in the form of detentions, extra homework, or extra projects with the aim of teaching responsibility to students. Parents will be notified when minor forms of disciplinary problems are repeated.

By signing, I acknowledge that I have read and understood these policies.

X _____
Parent / Guardian Signature

Date (Year/Month/Day)