



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

Wells International School

Summer Class Student Application Form

| OFFICE USE ONLY | | | |
|----------------------|---|--|--|
| ATTACH STUDENT PHOTO | DATE OF ADMISSION (YEAR/MONTH/DAY) | | GRADE LEVEL |
| | Last School Attended | | STUDENT ID # |
| | REMARKS | | Class/Grade |
| | June 15 – July 17, 2020 (Minimum enrollment – 2 weeks) <input type="checkbox"/> 5 Weeks - June 15-July 17 <input type="checkbox"/> 4 Weeks - _____ <input type="checkbox"/> 3 Weeks - _____ <input type="checkbox"/> 2 Weeks - _____ | | <input type="checkbox"/> Nursery <input type="checkbox"/> Grade 1 <input type="checkbox"/> K1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> K2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> K3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> <input type="checkbox"/> Grade 5 |

| STUDENT'S INFORMATION | | | | | |
|--|---|---------|--|--------|-------|
| Student's First Name: | Last Name: | | | | |
| Nick Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Place of Birth: | Nationality: | | | | |
| Date of Birth (D/M/Y): | Age: | | | | |
| Home Address: | | | | | |
| Home Telephone no: | | | | | |
| Language(s) spoken: | Language spoken at home: | | | | |
| Level of English: <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> a little <input type="checkbox"/> none | | | | | |
| PARENTS'/ GUARDIAN'S INFORMATION | | | | | |
| Father's Name: | Mother's Name: | | | | |
| Nationality: | Nationality: | | | | |
| Profession: | Profession: | | | | |
| Mobile Tel: | Mobile Tel: | | | | |
| Email add: | Email add: | | | | |
| DETAILS OF BROTHERS AND SISTERS | | | | | |
| SN | Name | Surname | Age | School | Grade |
| | | | | | |
| | | | | | |
| OTHER | | | | | |
| School bus Service <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Please tick any of the following: <input type="checkbox"/> two way <input type="checkbox"/> pick up only <input type="checkbox"/> drop only | | |
| Food Allergies: | | | | | |
| Parent signature: _____ | | | | | |

wells-school.com

facebook.com/wellsschool

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