

Wells International School

	Student Applicati	on Form		
	OFFIC	CE USE ONLY		
	TESTING DATE (YEAR/MONTH/DAY)	GRADE LEVEL		
	DATE OF ADMISSION (YEAR/MONTH/DAY)	STUDENT ID#		
ATTACH STUDENT	COMMENTS/NOTES		CA	AMPUS
РНОТО	School Lunch : □Yes □ No School Bus : □Yes □ No Second Language:			
	STUDENT PROFII	.F		
NAME (LAST, FIRST MIDDLE)	STODENT I KOTI	NICK-NAME		
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
neither be distributed	on gathered by Wells International School will nor sold for any purpose to individuals outside nationality, ethnicity, religion, sexual orientation	of the staff body. No stud	dent shall be	discriminated
International School Sy the applicant's continu- outlined in this docur applicant's image to a	ompleting this form does not ensure that the a ystem. Furthermore, should the applicant be for ned enrollment is contingent on his/her adhere ment, the student handbook and all other pe appear in school-related promotional materia wish to not have our child(ren)'s image appear in	rmally enrolled at any We nce to school policies, pr rtinent sources. We also l; we understand that a	ells campus, ocedures an grant pern	we accept that d directives as nission for the
	Parent/G	Guardian Signature		
	D	ate (Year/Month/Day)		
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On Nut Campus 2209 SukhumvitSoi 85-87 Tel: +66(0)2-730-3366 wells85@wells-school.com



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	PARENT PROFILE	
NAME (LAST, FIRST MIDDLE)	CITIZENSHIP	
NATIONALITY	PASSPORT #	
GENDER	RELIGION	
DATE OF BIRTH (YEAR/MONTH/DAY)	OCCUPATION	
HOME PHONE #	PLACE OF EMPLOYMENT	
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 #	PLACE OF EMPLOYMENT	
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 #	PLACE OF EMPLOYMENT	
MOBILE PHONE #	E-MAIL ADDRESS	
HOME ADDRESS		
MAILING ADDRESS		
(If different from home address)		
SEND STUDENT	PERSON RESPONSIBLE	1
INFORMATION TO:	FOR TUITION:	

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ATIONALS										
		STUD	ENT	HEALT	TH INFO	RMATION				
DESIGNATE A PRIMARY EMERGENCY CONTA			NTAC	T:		Father	Moth	ier	Guardian	
CEC	CONDADV	EMED	CENIC	V CONT	TACT (IE)	GUARDIAN	ΛΡ ΛΤΙ	IED)		
NAME	LUNDAKI	CIVIER	GENC	I CON	IACI (IF	GUAKDIAN	UK UIT	IEKJ		
(LAST, FIRST MIDDLE)							T			
NATIONALITY					CITIZ	ENSHIP				
GENDER					PASS	PORT #				
HOME PHONE #					OCCU	PATION				
MOBILE PHONE #						CE OF DYMENT				
RELATIONSHIP TO STUDENT:					E-MAIL	ADDRESS				
	l									
	T		M	EDICAI	HISTOR	Y				
HEIGHT (cm)						WEIGH	IT (kg)			
DIETARY NEEDS	Vegetar	ian	G	luten-Fr	ee	Other (Specif	y)		_	
		VEC	L NO				DETAILS			
MEDICATIONS	ALLERGIES	YES	NO				DETAILS			
FOOD	ALLERGIES									
HAS YOUR CHILD RECEIVED AI REQUIRED VACO										
DOES YOUR CHILD WEAR EY										
IS YOUR CHILD TOILET										
DOES YOUR CHILD HAVE	ERGARTEN) ANY OTHER									
SPECIAL HEALTH REQU										
PLEASE CHECK IF THE STU	DENT OR A I	FAMIL	Y MEM	BER HAS	OR HAS HA	D ANY OF TH	E FOLLOV	VING ME	EDICAL PROBLE	MS
	ANEMIA	YES	NO				DETAILS			
	ASTHMA			-						
CANCER (PLEA				1						
	DIABETES EPILEPSY			1						
	ART DISEASE			1						
	DD PRESSURE NEY DISEASE			_						
	CULOSIS (TB)			1						
	MEASLES			1						
(CHICKEN POX MUMPS			1						
INFLUENZA										
OTHER (PLEA	ASE SPECIFY)									
All of the above information records if requested. I underst and therapeutic procedures or	tand that in e r operations i	merge in the e	ency sit event o	tuations, i f extreme	the school n emergencie	nay be require	d to autho	orize or d	carry out minor	operative
X	Parent /	Guard	lian C	ignatur	 p			Date (Year/Month/Day)	1
	i di ciit /	Jun (-8wear	-			Date (. car, monun, Day)	3 P a g e
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		Swimming Permission	on (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 Tri	p 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 inschedule events will be announced via e-mail and the online school calendar.					
		Transport & S	chool Bus Service				
YES	NO	My child will be using the school's bus informed one day in advance if my child		e school office needs to be			
		Building & No. (if applicable)					
		Street Address					
		Zip Code					
		Contact #					
		Other Details (if applicable)					
YES	NO	My child will be using public transport (Only students in middle and high s made only upon direct request of pa My child will be picked up after schoo	chool are allowed to travel on the rents and/or guardians.)	ir own. Exceptions will be			
		Nar	ne	Passport/ID #/License #			
		Parent					
	Guardian						
	Driver						
		Nanny					
	I un	derstand that I must notify the school if any	changes to these decisions occu	r.			
		X					
		Parent / Guardian Signatur		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 provisionary period of 90 school days starting from the day of enrollment. In the event of any false or omitted information, I understand that I may 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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Wells International School

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 potentially 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 detention 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 fail to meet minimal academic standards may be placed in *academic probation*, which includes
 suspension from extra-curricular activities, and/or mandated after-school sessions dealing with
 homework and organizational skills. Parents will be notified when students are in danger of failing their
 academic courses.
- If a student on academic probation fails to improve in one semester while, at the same time, meeting appropriate behavior standards, the school retains the right to refuse continued service.

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, skirts 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)
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ESL Student Probationary Agreement

Wells International School believes that every student deserves a fair chance to advance in school successfully. Therefore, Wells International School offers ESL programs for students whose English proficiency is significantly below their current grade level.

- ESL classes will provide additional support beyond the standard classroom setting.
 As many factors determine a child's language development, such classes are not
 able to guarantee success. As such, Wells International School encourages parents
 to take extra measures to improve their child's English through extra-curricular
 language classes.
- Parents have the responsibility to follow up on the student's progress throughout the school year to ensure a successful improvement of the child's English. Follow-ups are possible through the school's PowerSchool System, Parent-Teacher-Conferences and scheduled parent-teacher-meetings.
- Enrollment in Wells ESL program will be for a maximum of one year.
- At the end of the year students will be administered a standardized test (i.e. DORA, TOEFL, GMRT, etc.) and re-evaluated by a council of teachers to assess if the student will be able to succeed alongside students at his/her grade level.
- Students who pass the assessment will be admitted into mainstream classes; students unable to meet minimum standards will be asked to leave the school.

by signing, I detailowicage that I and	erstand and accept these policies.
X Parent / Guardian Signature	Date (Year/Month/Day)

Ry signing I acknowledge that I understand and accept these policies

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