DISCOVER. EMBRACE. INSPIRE.

CRESTVIEW INTERNATIONAL SCHOOL

• 110 Moo 1 Prommart Muang, Lopburi 15000 Thailand
www.crestview.ac.th ☎ +66.84.281.1464 ✉ info@mail.crestview.ac.th LINE crestview.cvis

ADMISSION FORMS

Blank copies to fill in by hand. Bring them to the Front Office, or photograph them and upload them after you create an account at portal.crestview.ac.th/apply/.

#	Form
1	AD-F02 · Student Application Form
2	AD-F05 · Seat Reservation Form
3	AD-F03 · Get to Know Me Better: Student Profile
4	AD-F04 · Student Health Record and Medical Consent
5	AD-F06 · Enrollment Agreement and Consents
6	AD-F07 · Child Collection Authorization
7	AD-F19 · Student Insurance Enrollment Form

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AD-F02

STUDENT APPLICATION FORM

Blank form · please print clearly in capital letters or type

STUDENT INFORMATION

First name (English) _____ Middle name _____

Last name (English) _____ Nickname _____

Gender _____ Date of birth _____

Full name in Thai _____

Nationality _____ Religion (optional) _____

Thai ID no. (if any) _____ Passport no. (if any) _____

Home address in Thailand _____

First language _____ Other languages _____

Child's English level _____

Student photo (3.5 × 4.5 cm) ☐ **Attached**

ADMISSION DETAILS

Grade applying for _____ Student type _____

Academic year of entry _____ Semester of entry _____

Expected start date _____

PARENTS AND GUARDIANS

	Full name (English)	Full name (Thai)	Nationality	Occupation / employer	Thai ID no. (if any)	Passport no. (if any)	Mobile	Work phone	Email	LINE ID
A. Mother / Guardian 1										
B. Father / Guardian 2										

Main contact for school communication _____

Is there a custody arrangement or court order the school should know about? _____

Attach the custody arrangement or court order ☐ **Attached**

Each parent's Thai ID and / or passport (copy) ☐ **Attached**

EMERGENCY CONTACTS (OTHER THAN PARENTS)

	Full name	Relationship	Mobile	May this person collect the child?
Contact 1				
Contact 2				

SIBLINGS

Brothers and sisters, if any.

	Name	Date of birth	School / grade	At Crestview?
Sibling 1				
Sibling 2				

EDUCATION HISTORY

Schools or nurseries attended, most recent first. Leave blank if none.

	School / nursery	City / country	From – to	Grade
School 1				
School 2				

Previous school reports and leaving certificate ☐ **Attached**

CURRENT SCHOOL AND TEACHER REFERENCE

Does your child go to school now? _____

Current school _____ Current grade _____

Class teacher's name _____ Class teacher's work email _____

Principal or counselor (optional) _____ Their email (optional) _____

☐ I agree that Crestview may contact my child's school for a confidential reference, and that the school may share information about my child's learning, behavior and wellbeing with Crestview.

LEARNING, DEVELOPMENT AND HEALTH

Please tell us about any known learning needs so we can plan support before the first day. Telling us does not by itself prevent admission.

Has your child been diagnosed with, or assessed for, any learning, speech, developmental, behavioral or sensory need? ___

Please give details _____

Assessment, IEP or therapy reports ☐ **Attached**

Has your child had an IEP, learning support plan, therapy or a shadow teacher? _____

Please give details _____

Any medical condition, allergy or medication we must know about? _____

Medical records ☐ **Attached**

DOCUMENTS

Photos taken with your phone are fine if every page is clear. You can also add documents later from your application page.

Birth certificate (copy) ☐ **Attached**

Child's Thai ID and / or passport (copy) ☐ **Attached**

House registration, or landlord's house registration or rental contract ☐ **Attached**

Immunization record (copy) ☐ **Attached**

ABOUT YOUR CHOICE

How did you hear about Crestview?

Why are you choosing Crestview?

PARENT DECLARATION

☐ I have read and agree to the declaration above.

Mother / Guardian 1: type your full name to sign _____ Father / Guardian 2: type your full name to sign _____

Parent or guardian

Date: _____

Received by (Registrar)

Date: _____

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AD-F05

SEAT RESERVATION FORM

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CHILD AND SEAT REQUESTED

Child's full name		Nickname	
Date of birth		Parent / guardian name	
Mobile		Email / LINE ID	
Grade reserved		Academic year	
Semester		Start date	
Status at time of reservation			

RESERVATION PAYMENT

Reservation fee: THB 30,000. Please pay at the Front Office or by transfer, then attach the slip.

Payment method		Payment date	
Payment slip	☐ **Attached**		

RESERVATION TERMS

☐ I have read and agree to the reservation terms.

Parent / guardian: type your full name to sign _____

AD-F03

GET TO KNOW ME BETTER: STUDENT PROFILE

Blank form · please print clearly in capital letters or type

HOME AND FAMILY

Who lives at home with the child? _____

Languages spoken at home _____ Birth order (for example, 1st of 2) _____

INTERESTS AND ACTIVITIES

Which activities does your child enjoy?

Current or past extracurricular activities (sports, music, languages, tutoring) _____

TEMPERAMENT AND BEHAVIOR

At home or with family, my child is usually:

With new people or in new places, my child is usually:

Please answer yes or no

Adapts to changes in routine without much difficulty	
Can focus on a task, game or book for a good length of time	
Has bitten, hit or pushed others when upset	
Has special fears (loud noise, dark, heights, small spaces)	

When upset, tired or frustrated, how does your child react, and what helps calm him or her? _____

SELF-CARE

For Toddler Playgroup to Grade K. Skip this part for Grades 1 to 5.

Please answer yes or no

Toilet trained	
Feeds himself / herself	
Dresses and undresses with some help	
Still drinks milk from a bottle in the daytime	
Has an irregular sleep or nap pattern	

Word used for urination _____ Word used for bowel movement _____

Handedness _____

HOPES AND GOALS

What are your main goals for your child this year? _____

What are your plans for your child after Crestview? _____

Anything else that would help us welcome your child? _____

Parent / guardian: type your full name to sign _____

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AD-F04 · CONFIDENTIAL

STUDENT HEALTH RECORD AND MEDICAL CONSENT

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STUDENT AND MEDICAL CONTACTS

Blood type _____ Weight (kg) _____

Height (cm) _____ Family doctor _____

Preferred hospital _____ Doctor / hospital phone _____

Private health insurance (company / policy no.) _____

MEDICAL CONDITIONS

Does your child have any of the following?

Details _____

ALLERGIES

Allergy information is printed on the student ID card and shared with teachers in ALMA. Children with severe allergies meet the School Clinic before starting.

Does your child have any allergies? _____

	What exactly	Reaction	Severe?	EpiPen?
Food				
Medicine				

MEDICINE, DIET AND PHYSICAL ACTIVITY

Does your child take regular medicine? _____

Name, dose and time _____

Dietary requirements

Other dietary needs _____

Any surgery, hospital stay or major injury? _____

Details _____

Can your child take part in all physical education? _____

Activities to avoid _____

Immunization record _____

Will submit by (date) _____

Immunization record (copy) ☐ **Attached**

HOW THE SCHOOL RESPONDS TO ILLNESS AND INJURY

☐ I give permission for the school to give first aid and arrange emergency medical treatment for my child, and understand I will be told immediately. The information above is correct and I will tell the school of any changes.

Parent / guardian: type your full name to sign _____

Parent or guardian

Date: _____

Received by (Registrar)

Date: _____

AD-F06

ENROLLMENT AGREEMENT AND CONSENTS

Blank form · please print clearly in capital letters or type

STUDENT

Student's full name _____ Grade _____

Academic year _____

A. FEES AND PAYMENT

☐ I understand and agree to Part A.

B. WITHDRAWAL AND REFUNDS

☐ I understand and agree to Part B.

C. HEALTH, SAFETY, INSURANCE AND COLLECTION

☐ I confirm Part C.

D. PHOTO, VIDEO AND SOCIAL MEDIA CONSENT

Consent is renewed each year and can be changed or withdrawn at any time in writing to the Front Office. Images are taken only by authorized staff or contracted photographers and are not sold or shared outside these categories.

Photos and videos used on…

Official school Facebook page	
Official school Instagram	
Official school website	
Printed materials (yearbook, brochures, newsletters)	
Paid advertising or promotional campaigns	
Public events (graduations, competitions)	
Child's first name shown with photos / videos	
Child's full name shown with photos / videos	

E. TECHNOLOGY USE AND PERSONAL DATA

☐ I consent to my child using school technology, ALMA and approved learning platforms, and to the school creating a student email account (TD-005).

☐ I consent to Crestview processing our personal data, including health and learning support information, for education, safety, insurance and legal reporting (including the government DMC system), in line with the PDPA.

F. HANDBOOK ACKNOWLEDGMENT

☐ I have received and read the Crestview Family Handbook and agree that my child and family will follow the school's policies, rules and regulations.

Mother / Guardian 1: type your full name to sign _____ Father / Guardian 2: type your full name to sign _____

_____ _____

Parent or guardian Received by (Registrar)

Date: _____ Date: _____

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AD-F07

CHILD COLLECTION AUTHORIZATION

Blank form · please print clearly in capital letters or type

STUDENT

Student's full name _____ Academic year _____

AUTHORIZED PERSONS

Each person must show government photo ID and their Crestview ID card, and attends a photo session or gives two passport photos.

	Full name	Relationship	Mobile	Thai ID / passport no.
Person 1				
Person 2				

Passport photos for anyone who cannot attend the photo session ☐ **Attached**

EMERGENCY CONTACT ORDER

	Name	Relationship	Phone
1st			
2nd			

COURT ORDERS AND RESTRICTIONS

Is any person legally restricted from collecting or contacting this child? _____

Please describe _____

Certified documents ☐ **Attached**

COLLECTION PASSWORD

If you phone to say someone else will collect your child, the office asks for this password and a few security questions, then checks the person's ID on arrival. It is never included in emails.

Parent / guardian: type your full name to sign _____

Parent or guardian

Date: _____

Received by (Registrar)

Date: _____

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AD-F19

STUDENT INSURANCE ENROLLMENT FORM

Blank form · please print clearly in capital letters or type

INSURED STUDENT

Full name (English, as on ID / passport) _____ Full name (Thai) _____

Date of birth _____ Gender _____

Nationality _____ Thai ID no. (if any) _____

Passport no. (if any) _____ Grade _____

Home address _____

POLICY HOLDER AND BENEFICIARY

Parent / guardian name _____ Relationship _____

Mobile _____ Beneficiary name _____

Beneficiary relationship to student _____ Beneficiary Thai ID / passport no. _____

HEALTH AND OTHER INSURANCE

Does the student have a condition the insurer should know about? _____

Details _____

Does the student have other health or accident insurance? _____

Company and policy no. _____

☐ I agree that Crestview may share these details with the school's insurance company to arrange student accident insurance, in line with the PDPA.

Parent / guardian: type your full name to sign _____

_____ _____

Parent or guardian Received by (Registrar)

Date: _____ Date: _____