



The Village International Education Centre Special Educational Needs

Child history & enrolment

A separate form should be completed for each child.

Academic Year:.....

Starting Date:.....

Leaving date:.....

Child's Personal Details				
Family Name		Date of Birth		Fix photograph of child here
First Name		Nationality		
Middle Name		Religion		
Nickname		Place of Birth		Male / Female
Passport Number		Passport issued at		
Date Passport issued		Date Passport expires		
Type of Visa		Date Visa expires		
Names, Ages and Gender of any brothers and sisters				
Child's Language Ability				
Is English the child's 1 st Language?	<input type="checkbox"/> Yes	If the answer is No please complete the table below		
	<input type="checkbox"/> No			
	Very Good	Good	Fair	A Little
Listening				
Speaking				
Reading				
Writing				
Which language is spoken within the family?		Does the child understand Any other language(s)?		

MEDICAL INFORMATION

Name, address & phone number of your doctor _____

Does your child have any allergies: _____

What, if any, action should be taken in case of an allergic reaction?

Special dietary requirements: _____

Will your child require school lunch every day? Yes NO _____

Does your child have any difficulty in eating? (If Yes, please give details) _____

Does your child have any named condition? (If Yes, please give details) _____

Does your child have any difficulty with mobility? (If Yes, please give details) _____

IN CASE OF EMERGENCY

Who should we contact in case of an emergency if we cannot get hold of either parent?

Relationship to child / family _____

Contact telephone number : _____

In case of an emergency we will use Samitivej Hospital.

DETAILS OF PREVIOUS SCHOOL							
Age	Name of School	Country	Was This An International School?		From	To	Year/ Grade Level
			Yes	No	Month/Year	Month/Year	

Parent's / Guardians Details				
Father				
Family Name		First Name		Middle Name
Nationality		Passport No		Type of Visa
Company			Position/Title	
Home Address			Office Telephone	
			Home Telephone	
			Mobile	
			E-mail address	
Mother				
Family Name		First Name		Middle Name
Nationality		Passport No		Type of Visa
Company			Position/Title	
Home Address			Office Telephone	
			Home Telephone	
			Mobile	
			E-mail address	
Maid				
Maid's name			Maid's number	
Driver				
Driver's name			Driver's number	
Guardian (must be completed if child is not living with parents)				
Surname		First Name		Middle Name
Nationality		Passport No		Type of Visa
Company			Position/Title	
Home Address			Home Telephone	
			Mobile	
			E-mail address	

MAILING ADDRESS (S)	
Address for sending Invoice (s)	
Address for sending correspondence (s)	
School fees paid by:	Employer% Parents% Guardian%

EARLY YEARS AND MEDICAL INFORMATION

Was your child born premature? (If yes, how many weeks?)
Was it a normal birth?
Did your child need special care after birth? (Please provide details)
At what age did your child start to walk unaided (first steps)?
At what age did your child speak his/her first word/ words?
At what age did your child begin to put words together (2 or more words?)
Has your child been hospitalised for a serious condition?
Why and when did hospitalisation occur?
Any drain injury or suspected brain injury (please comment)
Any ongoing medical conditions? (please state)
Any prescription medications? (please name)
Any herbal medications? (please name)

	Please answer Yes/ No or Unsure
Hearing problems (including chronic ear infections, grommets)	
Cleft lip/palate	
Physical disability	
Visual impairment	
Stuttering (Stammering)	
Family members/ relatives with speech/ language/learning or reading problems	
Attention Deficit Disorder	
Significant emotional or behavioral problems (eg depression, school-refusal)	
Limited exposure to language when young	

<p>Are there any other factors not covered above which you think may have influenced your child's development or learning progress? (Please explain)</p>
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ASSESSMENT HISTORY

Has your child had any of the following assessments or been seen by any of the specialists listed below:

Assessment	Date and Result of Assessment	Report Available
Vision		
Hearing		
Speech / Language		
Occupational Therapist		
Counselor/ Psychologist		
Educational Psychologist		
Pediatrician		
Psychiatrist		
Other Specialist Doctor		
Other Health Personnel		
Academic Tutor		
Other		

*** Please note that you will need to provide relevant reports on the day of enrolment. It is a requirement of The Village that you provide results of recent vision and hearing tests.

HISTORY OF SUPPORT NEEDS

Outline what the main concerns that you have for your child are:

Outline your child's strengths:

Please answer the questions below using the following ratings:

Not at all = 1

Seldom = 2

Usually = 3

Almost always = 4

	Rating
Cooperates around the home	
Able to follow instructions	
Able to cope with changes in routine	
Completes homework with minimal assistance	
Has temper outbursts	
Gets on well with siblings	
Is easily distracted	
Forms good friendships	
Appears to feel good about self	
Able to organize self eg. has books, pencils, packs school bag	
Worries about things	

If your child has specific behavioural difficulties, please give details of typical behaviours below, and of any effective tactics you use to calm your child: (This information is very useful to help us support your child's initial settling in period)

Please add any additional information or comment below:

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Parental Declaration

In making this application I/We undertake and agree:

- That completion of this form DOES NOT guarantee an offer of a place at the School:
- To provide a copy of my/our child's most recent school report at the time of enrolment:
- To pay registration and enrolment of 50,000 baht. This is refundable for unsuccessful application. (within 8 weeks of the starting date)
- To pay all due fees prior to the commencement of the School term. Payments not made by the 15th day of the term will attract penalty fees: (3%)
- To give, in writing, at least one term's notice of a student leaving the School. Failure so to do will incur a penalty of one term's tuition fees:
- That should my child be offered a place at The Village International Education Centre, he/she will participate in all normal educational activities including physical education and sports activities, scientific work, swimming lessons, educational visits and outings:

Indemnity

- I/we hereby indemnify The Village International Education Centre, its officers and employees against any and all claims arising from any injury to my child whilst participating in any School activity, or while on School property or while traveling to or from School premises; or while on a school visit or outing.
- I/we understand and agree that in the event of an emergency, The Village International Education Centre will make every effort to contact the parents or guardian. However, if this is not possible, the pupil will be taken to Samitivej Hospital, Sukhumvit Soi 49, approved by the School, for treatment:

Agreement of Parent or Guardian			
	Signature	Name (please print)	Date of Application

I agree/ do not agree to let photos of my child appear on publicity used by the school, either on the school website, or in newspaper/ magazine articles.

Signed _____

Date _____