

## IEP - Enrollment Form

ติดรูปถ่าย  
ผู้สมัคร  
ขนาด 1 นิ้ว

Program.....

### PERSONAL DETAILS

Surname/Family Name : \_\_\_\_\_

Given Names : \_\_\_\_\_ Nick Name : \_\_\_\_\_

Date of Birth (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Passport Number : \_\_\_\_\_

Nationality : \_\_\_\_\_ Citizenship : \_\_\_\_\_

Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

### EDUCATION DETAILS

Which year are you studying? M1 \_\_\_\_\_ M2 \_\_\_\_\_ M3 \_\_\_\_\_ M4 \_\_\_\_\_ M5 \_\_\_\_\_ M6 \_\_\_\_\_

Where do you study? \_\_\_\_\_

How many years have you been studying English? \_\_\_\_\_

### GENERAL INFORMATION

- Is this your first trip abroad?  yes  no
- If no, where have you been? \_\_\_\_\_
- For how long? \_\_\_\_\_
- Would you like young children in the homestay?  yes  no
- Are you allergic to animals?  yes  no If yes, which kind? \_\_\_\_\_
- Do you smoke?  yes  no
- Are you a vegetarian?  yes  no
- Are there any foods you do not eat?  yes  no If yes, please explain : \_\_\_\_\_
- Do you have any mental disabilities, allergies, dietary or physical restrictions?  
 yes  no If yes, please explain : \_\_\_\_\_

