



**Finnway International School, Phuket**

9/1 Moo 2, Thepkrasattri Road, Koh Kaew, Muang, Phuket 83000. THAILAND  
Phone: 0 7623 8947 (Office) 06 3569 4665 (Thai) 06 4401 0407 (English)  
Email: info@FinnwayPhuket.com  
Website: FinnwayPhuket.com

CHILD's first name:  Last name:  Date of Birth:

Nickname:  Middle name:  Male  Female

Child's Primary Address:

City:  Postcode:  Home Number:

START DATE, (If other than the first day of the new school year):

PARENT/LEGAL GUARDIAN (1):

Address (if different than above):

Home Phone:  Mobile Phone:  Work Phone:

Email:  Line ID:

PARENT/LEGAL GUARDIAN (2):

Address (if different than above):

Home Phone:  Mobile Phone:  Work Phone:

Email:  Line ID:

**REGISTRATION REQUESTS:**

**Pre-K (2 - 3 Years old)**

HALF DAY 9.00 – 12.00 5 days

FULL DAY 9.00 – 14.30 5 days

**K1-K2 (3 – 5 Years old)**

FULL DAY 9.00 – 14.30 5 days

**K3 (5 – 6 Years old)**

FULL DAY 9.00 – 15.00 5 days

**G1-G3 (6 – 9 Years old)**

FULL DAY 9.00 – 15.00 5 days

**G4-G6 (9 – 12 Years old)**

FULL DAY 9.00 – 15.00 5 days

## NO CHILD MAY ENROL IN THIS PROGRAMME WITHOUT EMERGENCY AND MEDICAL CONTACT INFORMATION PROVIDED IN ITS ENTIRELY

In an emergency we will attempt to contact parents FIRST followed by the emergency contacts in the order listed below.

### PERSONS AUTHORISED TO PICKUP MY CHILD IN A NON-EMERGENCY (Other than parents) – Optional (This applies to carpooling families, care givers, grandparents, etc.)

Name (1):  Relationship:

Mobile Phone:  Home Phone:

Name (2):  Relationship:

Mobile Phone:  Home Phone:

Name (3):  Relationship:

Mobile Phone:  Home Phone:

### EMERGENCY CONTACTS – Required – to be contacted in the event parents are unreachable

Name (1):  Relationship:

Mobile Phone:  Home Phone:

Name (2):  Relationship:

Mobile Phone:  Home Phone:

### MEDICAL EMERGENCY CONTACTS

Physician:  Insurance Provider:

Mobile Phone:  Home Phone:

### EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, I hereby authorise Finnway International School, Phuket to obtain emergency medical treatment and to obligate me for all expenses. I will be notified as soon as possible in all medical emergencies. By signing below, I authorised this Emergency Medical Release for the duration of my child's enrolment in Finnway International School, Phuket.

Parent Signature:

Parent Signature:

## MEDICAL INFORMATION

Please indicate if your child has any health concerns

Asthma  Enuresis (bed wetting)  Learning Disabilities or Delays  Urinary Tract Infections

Past significant illness:  Accidents:

Surgeries:

## ALLERGIES

Foods:  Insects:

Medications:  Other:

Please provide further medical/health information below. All information is confidential and will not be shared with other families. Parents are asked to update their child's health information as necessary during the school year.

  
  

Please share with us any other information that you feel would assist teachers in caring for your child.

  
  

## AUTHORISATIONS (All permissions are authorised for the duration of enrolment unless we receive written notification of any changes.)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • My Child may be photographed for publicity, website or news purposes (please initial) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • My Child's photo may be posted on Facebook for publicity or news purposes             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • My Child may be photographed for class and school newsletters or class projects       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Sunscreen may be applied to my child  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • My Child may view age-appropriate videos when they apply to a unit of study           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • My Child may attend field trips away from campus on foot or in authorised vehicles    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Finnway International School, Phuket parent handbook regarding policies and procedures.

Parent Signature: