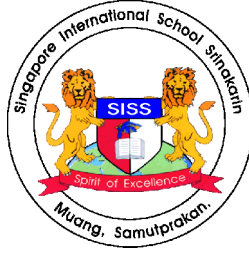


Affix  
one inch-size  
Photo



**FOR OFFICE USE ONLY**

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Date of visit  
-----  
Date Accepted  
-----  
Student ID. #

**Singapore International School Srinakarin**  
1000 Moo. 5 Srinakarin Road, Sumrong –Nua, Muang, Samutprakan 10270.  
Tel. : 02 710 5900 – 1 Fax : 02 710 5700 www.siss.ac.th

Document Number : 09 – 40 – 105 - 001	<b>Application for Admission</b> ใบสมัครเรียน	Date : Total Page : 3
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Application for School Year : \_\_\_\_\_ Anticipated Starting Date at SISS : \_\_\_\_\_

Applying for admission to SISS level : (N.1, N.2, K.1, K.2) \_\_\_\_\_

***Applicant's Information***

1. Student's Legal Name :

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Nick Name

2. Birth Certificate Number :

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Passport Number :

Place of Issue :

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3. Gender :  Male  Female

4. Date of Birth : \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth : \_\_\_\_\_

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Day

Month

Year

City / State

Country

5. Home Address :

Telephone Number :

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6. Citizenship : \_\_\_\_\_

7. Language Spoken at Home : \_\_\_\_\_

8. Religion : \_\_\_\_\_



