

STUDY ENGLISH ENGLAND / USA / CANADA / AUSTRALIA / NZ

Enrolment Form

PERSONAL DETAILS

ติดรูปถ่าย ผู้สมัคร ขนาด 1นิ้ว

Surname/Family Name :	ขนาด 1นว					
Given Names :						
Date of Birth (day/month/year) :/	/Passport Number :					
Nationality :						
Home Address :						
Telephone Number :	Mobile Number :					
Father's Name :	Mobile Number :					
Mother's Name :	Mobile Number :					
EDUCATION / WORK DETAILS						
Which year are you studying?						
Where do you study / work?						
How many years have you been studying Eng	glish?					
GENERAL INFORMATION						
 Is this your first trip abroad? □ yes □ If no, where have you been? How long? 						
 Would you like young children in the h 	nomestay? □ yes □ no					
 Are you allergic to animals? □ yes □ no If yes, which kind? Do you smoke? □ yes □ no 						
 Are you a vegetarian? yes 						
Are there any foods you do not eat?						
 Do you have any mental disabilities, a 	allergies, dietary or physical restrictions?					
□ yes □ no If yes, please explain :						



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Soccer	Swimming _	Golf	Tennis	Dancing	Music	
Painting _	Drawing	Photogra	phyW	atching TV	Reading	Computers
Stamp/Ca	rd collecting	Cooking _	Other			
hat would you	like your new ho	sts to know a	about you?			
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ignature :			Sigı	nature :		
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the information to help arrange a compatible placement).