UNION LANGUAGE SCHOOL

РНОТО

APPLICATION FORM

** Please fill in <u>BLOCK</u> letters.		No.				
PERSONAL DETAILS						
OMr. OMrs. OMiss(First Name)	(Middle Name	e)	(Last Na	 me)		
Date of birth (DD/MM/YY):	Y): Place of birth:					
Nationality:	Passport Number:					
Type of Visa:	Visa Expire:					
Address in Thailand						
Phone Number:						
Father's Name:	Mother's Name:					
Father's Occupation:	Mother's Occupation:					
Home Country Address:						
Phone Number:						
OCCUPATION	N AND EDUCATION	DETAILS				
Occupation: OMissionary OVoluntee	er OStudent O	Retirement				
Employment, Organization or Academ	V:		•	r, Please Specify)		
Address: Phone Number:						
Highest Education (Name of Degree/Cer	tificate)					
Contact Person in Thailand (in Case of I	Emergency)					
Phone Number:	E-mail:					
Office use only Affiliation						
Month (s) O Morning O Afternoon						
Starting Date:			(Signati	ure)		
Level:Paid:		Date				

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(Signature)

PLEASE ANSWER EACH QUESTION BELOW

1. How long will you be in Thailand? Days	s Months Years
2. How many levels do you expect to complete in total	Levels / Modules
Consecutively? Yes. No.	
3. Do you have time available for language practice?	☐ Yes. ☐ No.
4. Will you be required to take the government examin	nation?
5. Do you anticipate to take the government examinate	ion?
6. How do you know this school?	
Friend Newspaper (Please S	Specify)
Yellow Pages Website (Please Spec	cify)
Other (Please Specify)	
7. Have you ever studied the Thai language before?	
Yes, Where	how long
☐ No.	
UNION LANGUAGE SCHOOL	
Registration form	
** Please fill in BLOCK letters.	
r lease iii iii <u>bbock</u> letters.	Date//
Name	
O Mr. O Mrs. O Miss. (First Name) (La	st Name)
Phone Number E-mail:	
Registered in Module	Starting Date/
Office use only Affiliation	
Month (s) O Morning O Afternoon	
Paid:	(Student's Signature)
	(Student's Signature)
O Inc. Delivery fee O Exc. Textbook	(Student's Signature)

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