UNION LANGUAGE SCHOOL APPLICATION FORM

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** Please fill in <u>BLOCK</u> letters.	No.		
PERSONAL DETAILS			
OMr. OMrs. OMiss (First Name)	(Middle Name) (Last Name)		
Date of birth (DD/MM/YY):	Place of birth:		
Nationality:	Passport Number:		
Type of Visa:	Visa Expire:		
Phone Number:	E-mail:		
OCCUPATION AND EDUCATION DETAILS			
Occupation: OMissionary OVolunteer	OStudent ORetirement (Other, Please Specify)		
Employment, Organization or Academy:			
Address:			
Phone Number:			
Highest Education (Name of Degree/Certific	cate)		
Contact Person in Thailand (in Case of Eme	ergency)		
Phone Number: E-mail:			
Office use only Affiliation Month (s) O Morning O Afternoon Starting Date:			
Level:Paid:			
O Inc. Delivery fee O Exc (Signature)	Date:		

Please continued the next page >>

PLEASE ANSWER EACH QUESTION BELOW
1. How long will you be in Thailand? Days Months Years.
2. How many levels do you expect to complete in total Levels.
Consecutively?
3. Do you have time available for language practice? Yes. No.
4. How do you know this school?
Friend Website (Please Specify)
Other (Please Specify)
5. Have you ever studied the Thai language before?
☐ Yes, Where how long
□ No.

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