



Student Application Form

General Information

First Name: _____ Last Name: _____ Nick Name: _____

Date of birth ___/___/___ Gender: Male Female

Email: _____ Phone: _____

Parents/Guardian Contact Information (Please provide if registrant is under 18)

Name: _____ Phone: _____ Email: _____

Academic

School: _____ Year: _____

What academic area(s)/subject(s) do you/your child need help with?

Area of Interest:

- Test Prep (GED, IGCSE, A-levels, IB, AP, SAT, TOEFL, IELTS, SSAT)
- Languages (English, Thai, Mandarin, French, German, Spanish)
- Learning support
- Individual-tailored (Private lesson)
- Others (Please specify): _____

(Please indicate preference of time)

Course Selection(s)

Day/Class Time

1. _____
2. _____
3. _____
4. _____
5. _____

- _____
- _____
- _____
- _____
- _____