PHIL-THAI CULTURAL EXCHANGE 2025
Application Form

PHOTO

First Name _____ Last Name _____ Nick Name_____

Date of Birth _____ Age _____ Gender ☐ Male ☐ Female

School Address in Thailand_____

Passport Number_____ Expiry Date_____

Home Address_____

Phone Number_____ Email_____

Mother's Name_____ Contact Number_____ Email_____

Father's Name_____ Contact Number_____ Email_____

Can we contact your parents in case of an emergency?

☐ Yes ☐ No

Do you give permission for your photo to be taken and published in public areas?

☐ Yes ☐ No

Siblings
1._____ Contact Number_____
2._____ Contact Number_____

Person to contact in case of emergency
1._____ Contact Number_____
2._____ Contact Number_____

Health Concerns / Allergies_____

What is your strongest skill or area of expertise?
☐ Language ☐ Sports ☐ Music ☐ Art ☐ Leadership
☐ Technology ☐ Other (please specify):_____

Special Assistance Needed (please specify):_____