



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): _____