



# NIVA AMERICAN INTERNATIONAL SCHOOL STUDENT APPLICATION FORM

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### Instructions:

Please complete and email the form to [admissions@niva.ac.th](mailto:admissions@niva.ac.th) with the subject line:  
"Application Form for [ Applicant's Full Name ]"

กรุณากรอกแบบฟอร์มเป็น**ภาษาอังกฤษ**และส่งมาที่อีเมล [admissions@niva.ac.th](mailto:admissions@niva.ac.th) โดยเขียนหัวเรื่องว่า:  
"แบบฟอร์มการสมัครเข้าเรียนสำหรับ [ ชื่อ-นามสกุลผู้สมัคร ]"

Date of enrollment (for office use only)																	
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Admitted to grade:																	
Registration ID number:																	

**Note:** All sections of this form must be completed in full.

## Section 1 – Applicant Details

### Personal Information

First name:																			
Family name:																			
Nickname:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female																
Religion:		Nationality:																	
Date of birth:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>											D	D	M	M	Y	Y	Y	Y
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Place of Birth:			
Address:			
Sub-district		District	
Province		Postal code	
Applicant Mobile Number:			
National ID/Passport: <i>(please print clearly)</i>			
Applicant's Email: <i>(please print clearly)</i>			
Sibling Information <i>(if applicable)</i> : Please write the name(s) of the applicant's brothers/sisters studying at NIVA or other schools.			
<b>Name</b>		<b>Grade</b>	<b>School</b>

## Section 2 – Education History

Name of the School	City, Country	Language of Instruction	School Year	Grade Completed

**Primary Mode of Transportation** (to and from the school): (select one or more)

- Own Vehicle     
  School Van     
  Taxi     
  BTS/MRT  
 Public Bus     
  Bicycle     
  Walking     
  Other \_\_\_\_\_

## Section 3 – Parent/Guardian Information

Primary Parent/Guardian
Relationship to Applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____
Title (please circle one):    Mr.    Ms.    Mrs.
Name:
Last name:
Occupation:
Office Address:
ID/Passport No.:
Mobile No:
Email:
Highest Educational Qualification (select one) <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate)
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Line <input type="checkbox"/> Mail/Post <input type="checkbox"/> Other _____
Preferred Language: <input type="checkbox"/> Thai <input type="checkbox"/> English <input type="checkbox"/> Chinese

Secondary Parent/Guardian
Relationship to Applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____
Title (please circle one):    Mr.    Ms.    Mrs.
Name:
Last name:
Occupation:
Office Address:
ID/Passport No.:
Mobile No:
Email:
Highest Educational Qualification (select one) <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate)
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Line <input type="checkbox"/> Mail/Post <input type="checkbox"/> Other _____
Preferred Language: <input type="checkbox"/> Thai <input type="checkbox"/> English <input type="checkbox"/> Chinese

<b>Mailing and billing information for school correspondence:</b> (select all that apply)	<b>Mail letters and emails to:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Mail bills to:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
<b>Does your company pay the tuition fees?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial _____ %	<input type="checkbox"/> No
<b>Family income per year (Baht)</b>	<input type="checkbox"/> 500,000 - 1,000,000 <input type="checkbox"/> 1,000,000 - 3,000,000	<input type="checkbox"/> 3,000,000 - 5,000,000 <input type="checkbox"/> 5,000,000 or above

**Referral Contact:**

Please print the name of the parent or student that referred you to our school (*only if applicable*).

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Why did you choose NIVA? (select all that apply)		
Reason	Yes	Comments
American Curriculum (Common Core)	<input type="checkbox"/>	
American Curriculum (AP Courses)	<input type="checkbox"/>	
Class Size	<input type="checkbox"/>	
Good Facilities	<input type="checkbox"/>	
Individualized Student Attention	<input type="checkbox"/>	
International Teachers	<input type="checkbox"/>	
English Speaking Environment	<input type="checkbox"/>	
English Language Learner Program (ELL)	<input type="checkbox"/>	
Thai Program	<input type="checkbox"/>	
Chinese Program	<input type="checkbox"/>	
Extra-Curricular Activities	<input type="checkbox"/>	
Location	<input type="checkbox"/>	
Reputation of School	<input type="checkbox"/>	
Safety and Security	<input type="checkbox"/>	
Tuition Rates	<input type="checkbox"/>	
School's Mission and Vision	<input type="checkbox"/>	
University Preparation Program	<input type="checkbox"/>	
Quality of Teaching	<input type="checkbox"/>	
Other Reasons (please list in the comments)	<input type="checkbox"/>	1.
		2.
		3.

## Section 4 – Learning Difficulties and Medical Disclosures

### ข้อมูลปัญหาทางการเรียนรู้ หรือปัญหาทางการแพทย์

Has your child shown symptoms or been diagnosed with any of the following learning difficulties?

Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder / โรคสมาธิสั้น (ADHD)			Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Auditory processing disorder / ความผิดปกติของการประมวลผลการได้ยิน	Other learning issues	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Behavior control issues / ปัญหาการควบคุมพฤติกรรม	ปัญหาด้านอื่นๆ:			
<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia / โรคดิสเล็กเซีย (การอ่าน / เขียน / คณิตศาสตร์)				
<input type="checkbox"/>	<input type="checkbox"/>	Language development difficulties / ปัญหาพัฒนาการด้านภาษา				
<input type="checkbox"/>	<input type="checkbox"/>	Reading difficulties / ปัญหาด้านการอ่าน				

Has your child shown symptoms or been diagnosed with any of the following medical conditions?

Medical Condition	ภาวะทางการแพทย์	Yes	No	Details	รายละเอียด
Addictions	ประวัติการใช้สารเสพติด	<input type="checkbox"/>	<input type="checkbox"/>		
Allergies (food, insects, drugs, etc.)	ประวัติการแพ้ (อาหาร แมลง ยา ฯลฯ)	<input type="checkbox"/>	<input type="checkbox"/>		
Allergies (seasonal)	โรคภูมิแพ้ (ตามฤดูกาล)	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma	โรคหอบหืด	<input type="checkbox"/>	<input type="checkbox"/>		
Autism	ออทิสติก	<input type="checkbox"/>	<input type="checkbox"/>		
Bleeding issues	ปัญหาเลือดออกง่ายหยุดยาก	<input type="checkbox"/>	<input type="checkbox"/>		
Bone condition	ปัญหาทางด้านกระดูก	<input type="checkbox"/>	<input type="checkbox"/>		
Depression	ภาวะซึมเศร้า	<input type="checkbox"/>	<input type="checkbox"/>		
Developmental issues	ปัญหาด้านพัฒนาการ	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes	โรคเบาหวาน	<input type="checkbox"/>	<input type="checkbox"/>		
Epilepsy	โรคลมชัก/โรคลมบ้าหมู	<input type="checkbox"/>	<input type="checkbox"/>		
Frequent headaches	ปัญหาปวดศีรษะบ่อยครั้ง	<input type="checkbox"/>	<input type="checkbox"/>		
Hearing difficulties	ปัญหาด้านการได้ยิน	<input type="checkbox"/>	<input type="checkbox"/>		
Limb development condition	ปัญหาการพัฒนาด้านแขนขา	<input type="checkbox"/>	<input type="checkbox"/>		
Mental health issues	ปัญหาด้านสุขภาพจิต	<input type="checkbox"/>	<input type="checkbox"/>		
Migraines	อาการปวดศีรษะไมเกรน	<input type="checkbox"/>	<input type="checkbox"/>		
Neurological condition	ภาวะทางระบบประสาท	<input type="checkbox"/>	<input type="checkbox"/>		
Skin condition	ปัญหาทางด้านผิวหนัง	<input type="checkbox"/>	<input type="checkbox"/>		
Vision problems	ปัญหาการมองเห็น	<input type="checkbox"/>	<input type="checkbox"/>		

\*For parents of students from nursery to grade 5, please attach a photocopy of your **vaccine records** in this application form, if applicable.

**ADDITIONAL MEDICAL INFORMATION (write details if applicable and write n/a if not applicable)**

If your child has medical or learning conditions aside from the list above, please provide details below:

Condition: \_\_\_\_\_

Details (including severity and treatment required):  
\_\_\_\_\_  
\_\_\_\_\_

If your child has any special dietary requirements, please provide details below:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If your child had any previous operation(s) in the last five years, please provide details below:

If your child is currently taking regular prescription or over-the-counter medications, please list down the medications and their purposes?

Medication 1: \_\_\_\_\_ Purpose \_\_\_\_\_

Medication 2: \_\_\_\_\_ Purpose \_\_\_\_\_

Medication 3: \_\_\_\_\_ Purpose \_\_\_\_\_

***In case of emergency during school hours and in the absence of parents or guardians, please indicate people the school can contact (at least one person):***

1. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### **Parent Consent for Medical Treatment**

I, the undersigned parent, hereby provide my consent to NIVA American International School, enabling the school to facilitate any necessary medical treatment required for our child on behalf of us, the parents. In emergencies, I authorize the school to act on my behalf to coordinate with medical facilities and allow the school nurse to provide all relevant medical information to medical professionals in order for my child to receive medical care without delay. In such events, I understand that the school nurse will contact me promptly and will act on my behalf until I arrive at the medical facility.

#### **Beyond minor medical care**

First aid and minor medical care that can be safely provided on-campus will be provided by the school nurse in the school clinic. All other necessary medical care will be administered by licensed hospitals or clinics, under the guidance of a registered physician. This authorization extends to all forms of medical procedures, including but not limited to medical consultations, wound suturing, x-rays, surgical procedures, and anesthetics.

#### **Student Accident Insurance**

A student accident insurance policy covering up to 70,000 baht per incident is provided for all students who have completed registration. The student is responsible for promptly reporting any injury to the school nurse within 24 hours of the incident. Expenses outside what is covered by the insurance provided is the responsibility of the parent or guardian. **The school-provided accident insurance is**

**designed to serve as a supplement to other existing insurance policies. As a matter of best practices, we strongly suggest parents to ensure their children have their own primary insurance policies in place.**

### **Medication to be administered at school**

For all medication that your child needs to take at school, the medication must be in its original packaging in English or Thai with the expiry date clearly visible. Prescription medication must have an accompanying prescription from a doctor. The school nurse is unable to accept or administer homeopathic, ayurvedic, TCM medication and any other alternative medicines. Vitamins and mineral supplements will only be accepted and administered if they have been prescribed by a doctor to treat a deficiency that has been disclosed.

It is the parents' responsibility to supply the school with prescribed medications and other supplementary medical equipment, provide labeled containers, and keep medications current. All medication must be given to the school nurse by the parent or guardian. Students are not allowed to carry medication with them.

### **Other medical care**

A registered nurse is available at school to provide medical assistance for minor injuries and medical care on campus. Any medical treatment that requires the attention of a physician, however, must be managed by the parent. To avoid disrupting students' academic schedules, we encourage parents to schedule dental appointments and medical check-ups on the weekends or during school breaks whenever possible.

This consent is granted in advance of any specific medical care required, allowing the school and medical staff to exercise their best clinical judgment to provide optimal treatment to my child as deemed appropriate.

- Yes  No 1. I allow the nurse to administer first aid care.
- Yes  No 2. I allow the school to bring my child to the hospital in emergencies that require immediate medical attention.
- Yes  No 3. I give my consent for the nurse to administer the medications I have provided and agree to abide by the rules set above.
- Yes  No 4. I allow the nurse to administer non-prescription medicines (e.g. paracetamol, antacids, antihistamines, etc.).
- Yes  No 5. I allow the nurse to administer rescue inhalers and epinephrine autoinjectors (EpiPen) in emergency situations involving acute respiratory distress and anaphylactic shock, respectively.

This consent will remain valid until revoked in writing by the undersigned party and delivered to the school nurse at NIVA American International School. We hereby authorize any hospital, physician, and medical practitioner who has served or examined the minor to provide the school and other related parties such as the insurance company retained by the school with a suitable record of medical history, consultations, prescriptions, treatments, and copies of all other relevant medical records and documentation.

I have provided the school with accurate and up to date health information about my child and will continue to keep the school updated throughout the year.

I have carefully read and fully understand the content presented to me in this document

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 5 – Student Enrollment Agreement

**This section must be signed by the parent/guardian.**

Before signing this declaration, it is imperative you read the Student Enrollment Agreement, along with the policy and regulations, which are available in our [student handbooks](#).

I, the undersigned parent/legal guardian, agree to the following conditions and hereby enroll my child

(Full Name) \_\_\_\_\_ in Grade \_\_\_\_\_

1. The student agrees to abide by all the rules and regulations of the school stated in the handbook.
2. The student agrees to maintain a minimum academic Grade Point Average (GPA) of 2.00, or equivalent, every quarter. If this standard is not met, the school reserves the right to require the student to take private tutoring and/or remedial classes at an additional cost to the parent.
3. The parents/guardians agree to come to school when notified of the student's low performance, indicated by a GPA lower than 2.00 or equivalent. The following steps will be used to remind and warn parents.
  - Step 1:** Academic Alert and conference with parent
  - Step 2:** Academic Warning and conference with parent
  - Step 3:** Required participation in an after-school program
  - Step 4:** Academic Probation and conference with parent
  - Step 5:** Required enrollment in remedial courses during the Summer
4. The parent and student agree that the student will be on time for school. They understand that excessive tardies and/or absences may affect the student's grades or result in no grade being entered into their transcript for classes with excessive tardiness or absences. In extreme cases, withdrawal from school may be necessary.
5. The parents/guardians understand that they are to work closely with the school and that they should not hold the school accountable if they refuse to heed the recommendations of the school concerning their child's academic progress.
6. Parents/guardians are not allowed to enter any classroom at any time unless they are explicitly invited and accompanied by school administrators.
7. Parents/guardians are not allowed to enforce discipline or deal with any student concerning student-to-student related problems. Parents/guardians must contact the school administration and resolve issues only through mediation by school administrators.
8. NIVA American International School reserves the right to nullify this enrollment agreement in the event that a student engages in conduct that goes seriously against NIVA American International School's Students' Behavioral Code or is a danger to other students or the NIVA community.
9. NIVA American International School accepts students and teachers of any race, color, religion, nationality, social or economic background. Discrimination of any form by any student, parent/guardian, or school personnel will not be tolerated.
10. Parents/guardians recognize the importance of the parent-teacher-school co-operation, and agree to attend NIVA Parent School Council meetings, Student-Parent Teacher Consultations and all other meetings related to my child.



11. Parents/Guardians commit to engaging in productive discussions with the school administration on matters such as problems, policies, curriculum, and educational programs in order to achieve a positive outcome that benefits all students, parents, and the school.

If concerns arise, parents/guardians understand that meetings with administrators will only take place with individual parents and not in group parent meetings.

12. Parents/guardians agree to be truthful in all interactions and statements, including issues related to public health and safety.
13. Parent/Guardian acknowledges that school ID cards must be used at all times to gain access to the school. Students, parents, teachers, and staff will not be admitted without school ID cards. If a student does not have their ID for more than two days in a row, parents/guardians agree to purchase a new ID card for the student.

### **IMPORTANT NOTICE: SUBSTANCE ABUSE**

NIVA has the goal of building responsible citizens for the future and has adopted a zero-tolerance policy concerning the use of illicit substances (drugs). This policy gives the school the right to administer a urinalysis and/or other drug tests that may be deemed necessary by the School Administration to a student. The consequences for taking illegal substances include expulsion and reporting the test results to the relevant government office. Please refer to the School Behavioral Code for more information.

In addition to illicit substance use, a student can be dismissed from school for other reasons, including:

1. Smoking
2. Consuming alcohol
3. Physical violence
4. Racism
5. Excessive absenteeism
6. Continuous bad influence
7. Other infractions as listed in our school handbook and School Behavioral Code.

In registering my child at the NIVA American International school, I acknowledge that I have read the [student handbook](#). I agree that my child and I will follow the rules and procedures of the school as established by the administration as well as their future amendments. I recognize that communication and parent involvement between school and home are vitally important for the learning of your child, and I agree to attend all meetings requested by the school concerning my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 6 – Financial Agreement

**This section must be signed by Parent/Guardian.**

Before signing this page, please read the Finance Agreement carefully.

1. The parents or financial guarantor confirms that the school's tuition can be paid in accordance with the published school fees.
2. Fees can be paid by:
  - a. Electronic Bank Transfers
  - b. Bank Counter Services
    - i. Bangkok Bank branches
    - ii. Kasikorn Bank branches
  - c. Visa and Mastercard credit card transactions on campus (free of charge)

*\*Cash is not accepted.*

*Note:* The school will send the tuition invoice and due date to the parent's email at least 1 month in advance.

3. All tuition fees must be paid before the due date on the invoice. Late tuition payment will be charged at **1.5% per month**
4. Students with outstanding fees will not be permitted to attend classes until payment is made.
5. The accountability deposit will be returned to the student in the full amount if the books and other school supplies are returned in good condition and the School Leaving Form is completed and signed by all custodians of the school. In the event of loss or damage of any loaned items, the full amount of the item or the cost of repair will be deducted from the deposit. An additional amount will be charged to the students if the costs of the books or other school supplies exceed the amount of the deposit.
6. No refunds are available for the application fee, admission fee, and general fees paid. Tuition and catering fee are partially refundable. Refunds are available only for academic quarters that have not begun but have been paid for in advance. If a student withdraws or is dismissed from the school during the current quarter (that has already begun), the tuition fee and catering fee will not be refunded.

### **Financial Guarantor's Agreement**

- I understand and agree to the details in the following documents:  
[TUITION FEES](#) and [SCHOOL FEE INFORMATION](#)
- I understand that any and all discounts provided to me and my child are confidential and that disclosing this information to current, prospective parents, and other third-parties is not permitted.

Failing to maintain this confidentiality may result in the loss of any and/or all discounts provided by the school and the requirement to reimburse the school for any previous discounts provided.

- I understand all terms of this Financial Agreement.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 7 – PDPA Privacy Policy Agreement

**This section must be signed by the Parent/Guardian.**

*Before signing this page, it is imperative that you read the PDPA Privacy Policy carefully.*

NIVA takes great pride in celebrating our students' achievements and we value sharing these accomplishments with the wider community. One way of communicating the quality and uniqueness of our student body is by taking and publishing photos and videos of the students, teachers and staff and the activities in which they are involved individually and together.

I understand that NIVA American International School's Privacy Policy outlines the management of personal data in accordance with the Personal Data Protection Act (PDPA) B. E. 2562 (A.D. 2019).

I understand that the PDPA Policy at [www.niva.ac.th/pdpa-policy](http://www.niva.ac.th/pdpa-policy) communicates the purposes for which NIVA American International School collects, uses and/or discloses personal data.

I understand that the policy may be updated and that the most updated version will be published on the school's website.

By signing this agreement, I hereby give my consent to NIVA to use pictures or videos of my child, along with his/her name, grade level, awards, and achievements, in our newsletters, yearbook, notice boards, website, social media channels, and other communication channels to share information regarding the school and its activities. The school will make every effort to maintain the integrity of your child's image and will not use any image that will negatively impact your child.

I understand that the withdrawal of consent for the collection, use and/or disclosure of personal data in NIVA American International School's possession can be made in person by setting an appointment with the administration.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8 – Media Usage, Online Ethics, and Code of Conduct

### **Channels of Communication:**

Our goal is to be accessible and responsive to the needs of our parents and students. To that end, we have established various channels of communication to encourage open and constructive dialogue. When concerns arise, we encourage you to engage in productive discussions directly with our staff, teachers, or administration through those established channels in order to achieve a positive outcome that benefits all students, parents, and the school.

### **Public Statements and Responsible Media Use:**

At NIVA, we are keen to improve the school in any way that we can. In line with that, we believe that constructive feedback should be the norm for our progress and growth. NIVA also encourages a culture of responsibility, accountability, and mutual respect as it pertains to the media. Defamation or slanderous statements that are untrue and/or harmful to the reputation of the school and its constituents are not tolerated. Such statements include, but are not limited to those made through offline, online, social media, and/or any other channels. NIVA American International School reserves the right to pursue legal action against any individual who is in breach of this policy.

Any other abusive or unjustifiable use of social, online, and offline media by parents and students that degrades or is harmful to the school or its constituents is not acceptable. Any such action will result in a warning; if disregarded, NIVA American International School reserves the right to discontinue the student's enrollment at NIVA at the end of the quarter or school year.

### **Code of Conduct:**

Our Code of Conduct is built on the foundation of respect and safety for all. By enrolling in NIVA, both the parent and the student agree to adhere to this code, which strictly prohibits all forms of violence or harassment towards students, teachers, staff, fellow parents, and other community members. Any violation will be addressed seriously, and appropriate actions will be taken, including enrollment discontinuation, expulsion and involvement of local authorities, if necessary.

By signing below, I acknowledge that I have read the contents of this document thoroughly and will comply with the Media Usage, Online Ethics, and Code of Conduct of NIVA American International School. I agree to resolve all issues and concerns as they arise in a responsible, constructive, and respectful manner.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thank You!

Thank you for choosing NIVA American International School as the educational institution for your child. We appreciate your interest and dedication to providing them with a quality education. Your completed application form signifies the first step towards joining our school community, and we are excited about the possibility of welcoming your child to NIVA.

### Next Steps:

1. **Application Review:** Our admissions team will carefully review the information provided in your application form, ensuring that all required documents are complete and accurate.
2. **Assessment (Grades 1 - 12 only):** Based on the grade level you have applied for, we will schedule a written assessment for your child. This assessment will help us understand their academic abilities, language proficiency, and overall readiness for our program.
3. **Interview:** Following the assessment, we will invite you and your child for an interview with our admissions team. This gives us an opportunity to get to know your child better, learn about their interests and aspirations, and address any questions or concerns you may have.
4. **Decision Notification:** Once the application review, assessment, and interview processes are complete, we will provide you with a decision regarding your child's admission to NIVA. Our goal is to ensure a timely response, and you will be notified of the outcome as soon as possible.
5. **Enrollment:** Once your child is offered admission, you will receive an enrollment package containing all necessary information before starting school. You will be required to pay the necessary fees within the specified timeframe to secure your child's seat at NIVA.

We understand that choosing the right school for your child is an important decision, and we are committed to guiding you through the application process. If you have any questions or require further assistance, please do not hesitate to reach out to our admissions team. We are here to support you every step of the way.

Thank you once again for considering NIVA American International School. We value your trust and confidence in our educational program and look forward to the possibility of your child joining our vibrant and diverse community.

Best regards,

Admissions Office  
NIVA American International School

----- **End of Application Form** -----