

APPLICATION FOR A SEAT IN JIE CENTER

111 CHARUNSANITWONG 12 WATTHAPRA
 BANGKOKYAI BANGKOK 10600
 TEL.02 - 4127888
 FAX.02 - 4127885
 E-MAIL johnjiecenter@yahoo.com

Affix Passport size
 photograph
 here

- a NAME OF STUDENT : _____ M F
- b Nationality : _____ date of birth _____ age _____
- c Need admission in class class/grade _____
- d Father's name _____
- e Mother'S name _____
- f Permanent address _____
 _____ city _____
- g mailing address _____
 _____ city _____
- phone _____ mobile _____
- e-mail _____
- h PREVIOUS SCHOOL / UNIVERSITY _____
- I Last GPA _____

You have accepted all rules and contions of the school and once fees is paid it is non refundable and non adjust able in any case.

Signature of candidate

Signature of Parent/guardian

Date Of Admission

For admissions mail us at
johnjiecenter@yahoo.com, oh_jiecenter@hotmail.com
 for details visit oue website www.jiecenter.com

