

TOP SCIENCE SUMMER CAMP 2019 APPLICATION FORM

Full Name/ຊື່ ແລະ ນາມສະກຸນ:

Nick Name/ຊື່ຫຼິ້ນ:

Date of Birth/ວັນ ເດືອນປີເກີດ:

____ / ____ / _____ (dd/mm/yyyy)

Guardian's Full
Name/ຊື່ຜູ້ປົກຄອງ:

Guardian's Phone
Number/ເບີໂທຜູ້ປົກຄອງ:

Other contact in case of emergency and unable to contact above number

ຜູ້ທີ່ສາມາດຕິດຕໍ່ໄດ້ ໃນກໍລະນີສຸກເສີນ ແລະ ບໍ່ສາມາດຕິດຕໍ່ເບີຂ້າງເທິງໄດ້

Full Name/ຊື່ ແລະ ນາມສະກຸນ:

Phone Number/ເບີໂທ:

Please provide details if the
applicant has any food
allergy/ຂໍ້ມູນການແພ້ອາຫານ

(ຖ້າມີ):

Week(s) Enrolled/ອາທິດຮຽນ:

- Week 1: 1 July 2019 - 5 July 2019
- Week 2: 8 July 2019 - 12 July 2019
- Week 3: 15 July 2019 - 19 July 2019

Guardian's
Signature/ເຊັນຜູ້ປົກຄອງ

Date/ວັນທີ: _____