



KINGDOM
EDUCATION MISSION

Kingdom Education Mission

Registration Form 2024-2025

Date: _____

YANGON OFFICE +959769997080

1. Legal Name: - _____
Surname First Name Middle Name

2. Gender: ☐ Male ☐ Female
*Date of Birth: _____
YYYY/MM/DD

3. Marital Status
☐ Single
☐ Married

4. Home Address: _____
Number/street City/Town Postal Code

5. Phone Number: _____/Emergency contact No. _____

Emergency contact person name _____

6. Email Address : _____.

7. Do you have Passport?

☐ NO
☐ YES ,if yes

Type _____, Passport No: _____, Date of birth _____, Place of birth _____,

Nationality _____, Date of issue _____, Date of expiry _____,

Authority _____.

8. Education background.

- ☐ High School
- ☐ University
- ☐ Other Certificate,

If Other please share us _____

_____.

9. Occupation :

- ☐ Student
- ☐ Work

If (work) please share us what is your work and experience _____

_____.

10. English Language Proficiency?

- ☐ Beginner
- ☐ Pre-intermediate
- ☐ Upper-intermediate
- ☐ Advance

If You are **at the beginner level**, we also have on-campus English training center focuses on Duolingo test.

- ☐ I am interested
- ☐ I am not interested

11. What is your priority on Vocational Certificate Programs?

- ☐ Vocational Qualification in cleaning and real estate services, facility custodian.
- ☐ Vocational Qualification in Food Production | Baker confectioner.
- ☐ Vocational Qualification in Mechanical Engineering and Production Technology | Plater-welder
- ☐ Vocational Qualification in hair and beauty care, hairdresser, apprenticeship ONLY
- ☐ Vocational Qualification in Social and Health Care | Practical Nurse
- ☐ Vocational Qualification in Tourism Industry
- ☐ Vocational Qualification in Restaurant and Catering Services | Cook.
- ☐ Non-above

Please tell us what is your priority programs _____

_____.

12. Do you have any relative family member or friend in Finland?

☐ NO

☐ YES

13. Have you ever been abroad?

☐ NO

☐ YES , If yes _____ (not mandatory)

14. Sponsorship information.

☐ Myself

☐ Parent

☐ Other , If other/ parent Name _____, Contact No, _____,

Occupation _____.

15. State your physical health condition.

☐ Excellent

☐ Good

☐ Medium

☐ Bad

16. Are you willing to do the humanitarian support when you got a job in Finland?

☐ NO

☐ YES

17. Comment _____

_____.

18. All the information above is correct and has been checked.

☐ YES

☐ NO

19. Please, do attach DUOLINGO FREE test result with (JPEG/PDF/SS) (Mandatory)

20. Choose payment plan.

- ☐ Package A (Total installment)
- ☐ Package B (2-times installments)
- ☐ Package C (3-times installments)

Student's Signature

Parent/sponsorship Signature

Manager of KEM Signature



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