

NEW STUDENT ENROLLMENT APPLICATION FOR 2019-2020

Office Use Only

Application Date: _____ Student # _____

STUDENT INFORMATION:

Student: _____
(first name) (middle name) (last name)

Qualifications for Foreign School Enrollment (check all that apply)

- Non-Korean - Both parents hold non-Korean passports. Country name(s): _____
- Korean citizen living outside Korea for a minimum of 3 years (1,095 days) or has six (6) consecutive semesters of report cards abroad
- One parent holds a foreign passport. Country name: _____.
- Non-Korean parent who obtained Korean citizenship.

Sex (M, F): _____ Date of birth: _____ Place of birth: _____
(dd/mm/yyyy)

Last school attended: _____

Last grade attended: _____ Last day of enrollment: _____
(dd/mm/yyyy)

Sibling Information (Note: Enrolling siblings require separate applications):

Name	birthdate (mm/dd/yyyy)	School attended
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

Student cell phone # _____ Student Email: _____

Religious Affiliation: _____ Active?: yes no

Most familiar language spoken? _____ Other languages spoken: _____

Name and number of medical insurance: _____

How did you hear about ICS? _____

PARENT/GUARDIAN #1

Name: _____

Passport country: _____

Home Address: _____

Occupation/rank: _____ Home Phone: _____

Place of Employment: _____ Cell phone: _____

Email: _____ Work phone: _____

Relationship to Student: Mother Father Other: _____

PARENT/GUARDIAN #2

Name: _____

Passport country: _____

Home Address: _____

Occupation/rank: _____ Home Phone: _____

Place of Employment: _____ Cell phone: _____

Email: _____ Work phone: _____

Relationship to Student: Mother Father Other: _____

STUDENT EDUCATIONAL BACKGROUND:

(List the schools attended beginning with the most recent)

#1 _____ dates: _____ / _____
(name of school) (mm/dd/yyyy) (mm/dd/yyyy)

Location: _____ Grades attended: _____

#2 _____ dates: _____ / _____
(name of school) (mm/dd/yyyy) (mm/dd/yyyy)

Location: _____ Grades attended: _____

Has the student ever repeated a grade? yes no

Does the student have a learning disability? yes no

Does the student have an IEP or accommodations/modifications for learning? yes no

STUDENT HEALTH INFORMATION:

Fill in the following information or provide a completed equivalent form:

Is the student currently receiving medical care? yes no

Does the student take medication regularly? yes no

Is the student using a medical device? yes no

List any relevant, serious medical conditions that ICS may need to know about (illnesses, injuries, operations, developmental delays, or socio-emotional conditions):

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

(if parent/guardian cannot be contacted)

Name: _____ Phone # _____

Relationship to student: _____

GENERAL SCHOOL ACTIVITY PERMISSION

I give my permission for my son/daughter to participate in supervised field trips and other school activities away from the campus. *(Note: all off-campus activities will require separate permission slips.)*

Parent signature: _____

SCHOOL COMMUNICATION:

Parent/Guardian who should receive notices, grade reports, newsletters, permissions forms, and other communication from the school.

Name: _____

I am applying for enrollment in International Christian School-Pyeongtaek. I agree to support school guidelines and policies.

Parent signature: _____ date: _____
(mm/dd/yyyy)