

# International Christian School – Pyongtaek

P.O. Box 24 Pyongtaek 450-600 Republic of Korea

Telephone: (031) 651-1376 Fax (031) 653-1375

[www.icsptk.org](http://www.icsptk.org)

## ENROLLMENT APPLICATION

(Please Print)

Application Date \_\_\_\_\_ Student # \_\_\_\_\_

Student \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Passport Country \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Qualification for Foreign School Enrollment:

- USA Passport     Foreign Passport (not Korea) \_\_\_\_\_ (Country name)  
 Korean citizen living outside Korea five or more years     Korean with foreign residence

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Day/Month/Year

Last School Attended \_\_\_\_\_

Last Grade Attended \_\_\_\_\_ Last day of Enrollment \_\_\_\_\_

Siblings:	Name	Birth date	School Attended
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#1	_____	_____	_____
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#2	_____	_____	_____
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#3	_____	_____	_____
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Student Hand phone # \_\_\_\_\_ Student e-mail \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Active  Yes  No

Most familiar language spoken: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Name and number of medical insurance \_\_\_\_\_

**Parent/Guardian #1**

Name \_\_\_\_\_ Passport Country \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Rank \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hand Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student  Mother  Father  Other Student lives with?  Yes  No

**Parent/Guardian #2**

Name \_\_\_\_\_ Passport Country \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Rank \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hand Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student  Mother  Father  Other Student lives with?  Yes  No

**EDUCATIONAL BACKGROUND**

(List the schools attended beginning with the most recent)

1. \_\_\_\_\_ Dates \_\_\_\_\_/\_\_\_\_\_  
Name of school Beginning Ending

\_\_\_\_\_ Grades Attended  
Location

2. \_\_\_\_\_ Dates \_\_\_\_\_/\_\_\_\_\_  
Name of school Beginning Ending

\_\_\_\_\_ Grades Attended  
Location

Has the student ever repeated a grade?  Yes  No

Does the student have a learning disability?  Yes  No

**HEALTH INFORMATION**

Fill in the following immunization 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 serious illnesses, medical conditions, accidents, operations, nutritional, mental, emotional, or mobility problems.

\_\_\_\_\_

I authorize the school to provide and/or arrange for emergency medical treatment for my son/daughter..

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

I authorize the school to give my son/daughter      Tylenol              Pepto

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

**Emergency Contact** (if parent/guardian cannot be contacted)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my son/daughter to participate in supervised **field trips and school activities** away from the campus.

Name \_\_\_\_\_

**School Communication:**

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

Name \_\_\_\_\_

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

\_\_\_\_\_

parent signature     /date

\_\_\_\_\_

Student signature     /date

