

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

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

