



International Christian School – Pyeongtaek

P.O Box 24 Pyeongtaek 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:

- Non-Korean – Both parents hold non-Korean passports. _____ (Country name)
- Korean citizen living outside Korea for a minimum of 3 years (1095 days) or has six (6) consecutive semesters of report cards.
- One parent hold foreign passport.
- Non-Korean parent obtaining Korean citizenship.

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
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____

Student Hand phone # _____ Student e-mail _____

Religious Affiliation _____ Active Yes No

Most familiar language spoken: _____ Other languages spoken: _____

Name and number of medical insurance _____

How did you hear about us? _____

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 _____

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 _____

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(s) signature

date

Student signature

date

