

APPLICATION FOR ADMISSION



Seoul Campus: 408, Gaepo-ro, Gangnam-gu, Seoul, Korea 06324
 Phone: +82-2-3496-0510 Fax +82-2-578-6680 Contact us : eyinfo@kis.or.kr www.kisseoul.or.kr

FOR OFFICE USE ONLY- PLEASE DO NOT WRITE HERE	
Testing Date: _____	ID # : _____
Have you ever applied to KIS before? (Y / N) Year / Month _____ Grade at the time _____	

Student's Name (as shown on passport)	(Family Name) (Given Names) (Nickname)	Birth Date	Sex
		M / D / Y	(F/M)
Applying for Grade: ()	<input type="checkbox"/> PK <input type="checkbox"/> JK <input type="checkbox"/> Kindergarten <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> G5		Photo
Eligibility to attend foreign school in Korea Please check one:	<input type="checkbox"/> 3 years overseas <input type="checkbox"/> Foreign parent(s)	Year Applying For	
	<input type="checkbox"/> International School Transfer <input type="checkbox"/> 6 semesters		
Country of Birth	Country of Citizenship 1	Country of Citizenship 2	

FAMILY INFORMATION

Father's Name	Mother's Name
Citizenship	Citizenship
Country of Birth	Country of Birth
Position	Position
Name of Company	Name of Company
Business Address in Korea (-)	Business Address in Korea (-)
Business Phone Number	Business Phone Number
Residential Address in Korea (-)	Residential Address in Korea (-)
Home and Mobile Phone number (H) (M)	Home and Mobile Phone number (H) (M)
E-mail Address	E-mail Address
Child's Mobile Phone Number, if applicable	Child's Email Address, if applicable
Marital Status of Parents: <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> single	

Language	Father	English Fluency: <input type="checkbox"/> Fluent English Speaker <input type="checkbox"/> Limited English Speaker <input type="checkbox"/> Non-English Speaker
	Mother	English Fluency: <input type="checkbox"/> Fluent English Speaker <input type="checkbox"/> Limited English Speaker <input type="checkbox"/> Non-English Speaker

Siblings	Name (Omit the Family Name)	Sex	Date of Birth	School Attending	Grade	Country of Citizenship	

EDUCATION

Schools attended. Please begin with the most recent one.

Name of school	City/Country	Website Address	Phone No.	Attended from ~ to (month, yr)	Grade

1) Has your child ever been in an English as a Second Language program? Yes ___ No ___
 If yes, from _____ to _____

2) Has your child ever been diagnosed as having specific learning disabilities or has your child received special education services? Yes ___ No ___ If yes, please explain.

3) Has your child ever been suspended or expelled from school? Yes ___ No ___ If yes, please explain.

4) Has your child ever had a formal psychological examination or a history of emotional or mental disturbance requiring medication? Yes ___ No ___ If yes, please explain and attach psychological report.

5) Has your child participated in any accelerated or gifted program or been diagnosed as a gifted or talented student? Yes ___ No ___ If yes, please explain and attach reports.

6) How did you hear about KIS? Employer () Friend () Internet () Advertisement ()
 Other International School () Relocation Company () Other ()
 Please indicate name and relationship of the person who recommended KIS to you.

Bills and school notices should be mailed to <input type="checkbox"/> Home Address <input type="checkbox"/> Business Address
School bus service desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired starting date of school Attendance : (Tuition will be charged on the basis of this starting date.)

EMERGENCY CONTACT INFORMATION

Who will the child be living with during the school year? Please check:	
<input type="checkbox"/> Both Parents	
<input type="checkbox"/> Father	
<input type="checkbox"/> Mother	
<input type="checkbox"/> Grandparents	
<input type="checkbox"/> Other (Please specify) _____	
Person to be contacted in an emergency if parents are not available:	
Name:	Relationship:
Phone:	Mobile Phone:

I hereby certify, to the best of my knowledge, that the information I have provided in this form is true and correct. If false or misleading information is found to have been provided, it may result in cancellation of admission or student withdrawal from Korea International School(hereafter "KIS"). Submission of this application does not guarantee admission at KIS.

I agree to abide by all KIS rules, regulations, handbooks and policies. By signing below, I understand that I will be held legally responsible in the case of failure to comply with any KIS rules and regulations.

I understand that I must provide personal information to the KIS for the purpose of admissions review and hereby agree to KIS's collection and use of the submitted personal information in accordance with the Personal Information Protection Act. (Period of retention: 5 years after admissions review)

Date of application: _____ Parent Signature: _____

