



International Christian School Uijeongbu

Accredited by:
Association of Christian Schools International (ACSI)
Western Association of Schools and Colleges (WASC)



Network of International
Christian Schools

Re-Enrollment for 2018 - 2019 School Year

Jindeung-ro 28, Uijeongbu, Gyeonggi-do, Republic of Korea 11608
Tel: +82.31.855.1277 Fax: +82.31.855.1278
<http://www.icsu.asia>

Please answer all questions as accurately and honestly as possible. Any omissions or evasive responses will be grounds for removal from ICSU and no tuition refunds will be given. Negative responses on special needs, behavioral, and academic questions will not necessarily be cause for rejection. This information will help ICSU to develop an appropriate educational program for your child.

Final signatures must be done in person.

**Required*

Student's Passport Name:

Enrolling in Grade (K5 – 12):

Date of Birth:

Sibling(s) Applying? (Name(s) and Grade(s))?

Preferred Contact Phone:

Preferred Email:

**Admin Use Only: Admin Signature & Date Accepted:*

STUDENT INFORMATION *Required

Student's Passport Name:
Last Name First Name Middle Name

Preferred Name in School:

Passport:
Nationality Number Expiration Date

Passport:
Nationality Number Expiration Date

Student Mobile Phone: Student Email:

Is Student Attending Church? Yes No
Name of Church

EMERGENCY CONTACTS *Required

In Korea (Other Than Parent)

Name:
Name Phone Number Relationship to Student
Address:

Outside Korea

Name:
Name Phone Number Relationship to Student
Address:

PARENT INFORMATION * Please complete, if any information has changed.

Father

Father's Name:
Last Name First Name Middle Name

Father's Employment: Father's Work Phone:

Work Address: Father's Fax:

Home Address: Home Phone:

Father's Mobile Phone: Father's Email:

Passport:
Nationality Number

Does Father Attend Church?
Yes No Name of Church

Highest Degree Attained: English Fluency:

** Please complete, if any information has changed.*

Mother

Mother's Name:
Last Name First Name Middle Name

Mother's Employment: Mother's Work Phone:

Work Address: Mother's Fax:

Home Address: Home Phone:

Mother's Mobile Phone: Mother's Email:

Passport:
Nationality Number

Does Mother Attend Church?
Yes No Name of Church

Highest Degree Attained: English Fluency:

Marital Status:
Married to Married, Living Divorced Single
Father Separate

STUDENT TRANSPORTATION * *Please complete, if any conditions have changed.*

Please respond to the following questions:

How will your child arrive at school?

Walk to school on their own.	Yes	No
Parent will drive.	Yes	No
Public transportation will be used.	Yes	No
School bus will be used (contact school).	Yes	No

How will your child depart from school?

Walk home from school.	Yes	No
Parent will pick up after school is over.	Yes	No
Public transportation will be used.	Yes	No
School bus will be used (contact school).	Yes	No

In the event of early school dismissal, your child should:

Remain at school until parent picks up.	Yes	No
Be allowed to leave on their own.	Yes	No
If riding the school bus, ride early.	Yes	No

Provide any additional details:



MEDICAL INFORMATION *Required

Please respond to the following questions:

Include details on any of these applicable medical issues.

Is your child receiving continuous medical care?	Yes	No
Is your child taking medication regularly?	Yes	No
Is your child using a medical device?	Yes	No
Does your child wear eyeglasses?	Yes	No
Does your child have allergies?	Yes	No

Provide any additional details:

List any serious illnesses, accidents, or operations.

List any nutritional, mental, or emotional problems or handicaps:

I authorize the school to arrange for emergency medical treatment for my child: Yes No

In case of minor discomfort, I authorize the school to administer:

Aspirin	Yes	No
Tylenol	Yes	No
Pepto Bismol (for stomach ache)	Yes	No
Do not give any type of medication to my child	Yes	No

A copy of your child's immunization records must be submitted before this application can be approved.

PARENTAL SIGNATURE **Required*

Please read the school's doctrinal statement, discipline statement, guidelines, and tuition and fees information before submitting this re-enrollment form. By submitting this re-enrollment form, you are affirming that all information on this form is correct, to the best of your knowledge, and you are agreeing to give your full cooperation to the school in the administration of the stated policies.

Putting your names in the blanks provided, you are indicating your agreement (formal signatures to be done in person):

Student Name (6th-12th grade only)
(please print)

Signature

Date

Parent Name
(please print)

Signature

Date
