



# 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 2017 - 2018 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.

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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 - Date Accepted:*

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## STUDENT INFORMATION

Student's Passport Name:     
Family Name Given Name Middle Name

Preferred Name in School:  Anticipated Enrollment Date:

Date of Birth:  Gender:  M  F

Passport:     
Nationality Number Expiry Date

Passport:     
Nationality Number Expiry Date

Student Mobile Phone:  Student Email:

Does Student Attend Church?  Yes  No   
Name of Church

Spoken Language: Primary:  Third:   
Second:  Fourth:

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## SIBLINGS

Please list any other siblings who will attend ICSU:

Name Grade Age Current School

Name Grade Age Current School

Name Grade Age Current School

Name Grade Age Current School

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## EMERGENCY CONTACTS

In Korea (Other Than Parent)

Name:     
Name Phone Number Relationship to Student

Address:

Outside Korea

Name:     
Name Phone Number Relationship to Student

Address:

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## PARENT INFORMATION

### Father

Father's Name:     
Family Name Given 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:

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### Mother

Mother's Name:     
Family Name Given 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

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## STUDENT'S EDUCATIONAL BACKGROUND

Please List the Current and Last Two Schools Attended

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### Current School

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current School Name	Grade	Date Started	Language of Instruction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State/Province	Country/Postal Code

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### Previous School

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current School Name	Grade	Date Started	Language of Instruction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State/Province	Country/Postal Code

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### Previous School

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current School Name	Grade	Date Started	Language of Instruction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State/Province	Country/Postal Code

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## SPORTS AND EXTRACURRICULAR ACTIVITIES

Please list any sports or extracurricular activities in which your child has previously participated or shown an interest. ICSU is part of an international school organization, in Korea, that includes the following:

Volleyball Sports Team If "yes," please provide details.	<input type="text"/>	Yes
Basketball Sports Team If "yes," please provide details.	<input type="text"/>	Yes
Soccer Sports Team If "yes," please provide details.	<input type="text"/>	Yes
Cross-Country Sports Team If "yes," please provide details.	<input type="text"/>	Yes
Model UN (MUN) Team If "yes," please provide details.	<input type="text"/>	Yes
Forensics Team If "yes," please provide details.	<input type="text"/>	Yes
Other Sports or Extracurricular Activities If "yes," please provide any details.	<input type="text"/>	Yes

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## STUDENT STATUS

Please respond to the following questions by placing a mark in the appropriate boxes and providing details for all “yes” responses:

Has your child ever repeated a grade(s)? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever skipped a grade(s)? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever participated in an ESL/ELL program? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever experienced any emotional, social, or behavioral difficulties? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever been suspended or expelled from school? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever been evaluated for a learning disability? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever participated in tutoring outside of school? Yes      No  
If “yes,” which grade(s) and reason(s)?

Has your child ever participated in any of the following? |

An accelerated program	Yes	No
IB PYP program	Yes	No
IB MYP program	Yes	No
IB DP program	Yes	No
AP program	Yes	No
Gifted program	Yes	No
IEP or 504 plan	Yes	No
Other specialized program	Yes	No

Provide any additional details:

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## STUDENT TRANSPORTATION

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:

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## MEDICAL INFORMATION

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
Is your child to 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.**

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## PARENTAL SIGNATURE

Please read the school's doctrinal statement, discipline statement, guidelines, and financial policy statement before submitting this application. By submitting this application, you are affirming that all information in this application 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.

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

Student (Grades 6-12 only)

Date

Parent

Date

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