



□Admissions Application form

□Health Information Form /Copy of vaccinations record/

□Recent passport size photos (1)

Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp

□Copy of Parent's Passport or Alien Card Number

 \Box Photocopy of the child's recent (past 2 years) school report

□Read through the "Parent-Student Handbook 2023-2024"

/It can be found on the school website or please scan this QR/ $\,pQR$

 \Box School agreement with parents

 \square Send filled up and stamped "New Student Transfer Form" to

student service office /Please use page 6/

□Enrollment fee /450.000₮/000₮/

I. Personal Information



Fee: Bank / Cash Date: _____

*First Name:		*Last Name:		*Family Name:
*Date of Birth: YYYY/MM/DD		*Male/ Female:		*Nationality:
//				
*Place of Birth:		*Student's Telephone Number:		*Student's Email Address:
*Current Grade: *Grade Ap		plying for:	*Registration	Number:
			-	

Applicant's First Language: O Engli	sh \bigcirc Mongolian \bigcirc Other		
*Do you have a student that is also app	plying at the Secondary School?	Yes	🗌 No
Full name:	Grade:		
Full name:	Grade:		
*Other Siblings in Family			
Full name:	School/College	_DOB	
Full name:	_School/College	_DOB	
Full name:	_School/College	_DOB	

I. Education Information

School(s) History				
#	Current School	Grade (From-To)	Date (From -To)	Contact /teacher's email
	Previous School (s) attended			



SECONDARY SCHOOL (GRADE 6-12)

Has the applicant:

\Box Yes \Box No	Been suspended or expelled from school?
	If yes, please explain
🗌 Yes 🗌 No	Repeated a grade? If yes, which grade?
\Box Yes \Box No	Skipped a grade? If yes, which grade?
□ Yes,□ No	Been put in any special programs at school? (Gifted, ESL, resource etc.)
	If yes, please explain

*Other information that may facilitate your child's success at ASU_____

Are there any

□Yes	□ No
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Health or emotional factors (autistic spectrum, intermittent explosive disorder, Dyslexia, ADHD) for which the applicant has required special attention?

If yes, please explain.

	II. Parents / Guardian Information		
	Father	Mother	
*First Name			
*Last Name			
*Nationality			
*Date of Birth			
*Home Address			
*Home phone number			
*Cell phone number			
*Email address			
*Workplace			
Position			
*First Language		<u> </u>	
Other Languages			
If you are a foreign fami	ly:		
*How long have you been	in Mongolia?	Years and/or	Months
*How long do you plan to	live in Ulaanbaatar?	Years and/or	Months



SECONDARY SCHOOL (GRADE 6-12)

Parents' Marital Status (Please check all that apply):					
MarriedMother Deceased	SeparatedFather Deceased		□ Single		
Student lives with:	\Box Mother and Father	\Box Mother only	□ Father Only		
Legal Guardian (Please complete the information below):					
*Full Name:		*Cell Phone:			
*Relation:		*Email:			

*Home Address: _____

Additional Contact Please provide the contact of grandparents, relative, friend, etc. in case of parents cannot be contacted				
Relation	First Name	Last Name	Cell Phone	Home phone

I, the parent/ legal custodian of the student on the application form, declare that:

- I have read (and/or had explained to me), understand and accept the terms / conditions of enrollment in this application.
- I understand and accept that the application fee is not refundable.
- The information and supporting documents in this application are true and correct. In case of providing inaccurate information, the school has an authority to deny application.
- I will inform the school of any changes in the above information. I understand that if my child contracts an infectious disease or condition I will inform the school and withdraw my child until he/she is no longer infectious.
- I have read (and/or had explained to me), understand and accept new enrollment student's probation placement. /Page 5/ 6/

Parent/ Guard	an's signature_	Date:	
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SECONDARY SCHOOL (GRADE 6-12)

MEDICAL FORM

Studen	t				
First Na	Name: Last Name:				
Date of	Birth:		Grade:	_	
Emerg	ency contact				
First Na	ame:		Last Name:		
Relation	n to student:		Email:		
Mobile.			Home		
Please	check any of the fol	llowing conditions whi	ch currently affect your	child:	
	Diabetes	Liver / Spleen	☐ Kidney/Bladder ☐	Orthopedic/Bone	
	Vision problem	□ Heart problem	\Box Eye glasses \Box	Depression/ Stress	
	Hearing problems	□ Blood disorder	□ Seizures		
	Asthma 🗌 Sev	vere 🗌 Mild Ca	used by		
	*Allergies to:				
	Any medication _				
	(*Students requiring r	medication at school MUS	ST have parent's written not	te)	
	The copy of vaccination record is attached to the application				
Please	Please check if your child has had any of the following diseases:				
	Chicken Pox Diphtheria Scarlet Fever Smallpox	 Hepatitis Malaria Typhoid Fever Whooping Cough 		 Tonsillitis Rheumatic Fever Mumps Other 	



ASU Secondary School New Enrolment Probation Letter

Dear Parent(s),

Your child has ______ (___)been approved for admission to ASU on academic/behavior probationary status for the following Semester. However, your child must show grade level academic progress for all Quarters. We will have a follow up meeting between parents and administration at the end of the Quarter to assess your child's progress. Failure to reach any of the goals as specified below can result in your child being rejected from ASU for next school year.

The following conditions of this probation apply:

- 1. The student must show academic improvement in all core classes (English/Language Arts, Science, Social Studies, Math), and must not fail any courses.
- 2. The student must show effort in all classes as evidenced by class participation and homework completion.
- 3. The student must show improvement on the MAP assessment by the end of the semester.
- 4. The student must adhere to school requirements for regular attendance and punctuality.
- 5. The student must exhibit exemplary behavior while on the school campus or when involved in any school related activities.

The student's record will be reviewed periodically by administration.

Sincerely,

Eric Heim Secondary School Principal

Parent Signature

Parent Signature

(Signatures indicate that the parent understands and agrees to the terms of this probation.)



NEW STUDENT TRANSFER FORM

Completion of this form will assist us in admission decisions regarding this student. All information will be kept confidential. Please

email the completed form directly to ss.studentservices@asu.edu.mn as applicable.

Personal information of the student

First Name	Last Name	Current Grade

Educator Information

The form is completed by	School Principal	Teacher	Counselor
Signature:			
School Name		Contact Number	Date
Attendance Record: Punctuality:		ood	Excellent Excellent

Please explain any special contributions the student has made to the community, such as participating in extracurricular activities, student organizations or events.

If the grades do not reflect the student's academic success, please explain factors that interfered with his/her achievement.

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? If so, please explain.