

ELEMENTARY SCHOOL APPLICATION FORM 2018-2019 (Pre KG-Grade 5)

I. Personal Information

1. Admissions Application form
2. Health Information Form
3. Recent passport size photos (1)
4. Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp
5. Copy of Parent's Passport or Alien Card Number
6. Photocopy of the child's recent (past 2 years) school report
7. Signed enrollment agreement
8. Registration fee /300 000₮/

*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 Applying for:	*Registration Number:	*Health book number:		

Applicant's First Language: English Mongolian Other _____
 Primary language spoken at home _____

Educational Information

Current School _____

Date (From -To) _____

Address: _____

Previous School(s) Attended			
#	School Name	Grade (From-To)	Date (From -To)

*- Required field

II. Parents / Guardian Information

	Father	Mother
*First Name	_____	_____
*Last Name	_____	_____
*Nationality	_____	_____
*Home Address	_____ _____	_____ _____
*Home phone number	_____	_____
*Email address	_____	_____
*Cell phone number	_____	_____
*Workplace	_____	_____
Occupation	_____	_____
*First Language	_____	_____
Other Languages	_____	_____

If you are a foreign family:

*How long have you been in Mongolia? _____ Years and/or _____ Months

*How long do you plan to live in Ulaanbaatar? _____ Years and/or _____ Months

Parents' Marital Status (Please check all that apply):

- Married
 Separated
 Divorced
 Single
 Mother Deceased
 Father Deceased

Student lives with:
 Mother and Father
 Mother only
 Father Only

Legal Guardian (Please complete the information below):

*Full Name: _____ *Cell Phone: _____

*Relation: _____ *Email: _____

*Home Address: _____

Emergency Contact				
Relation	First Name	Last Name	Cell Phone	Home phone

III. Additional Information

Has the applicant:

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

Are there any

- Yes No Health, physical or emotional factors for which the applicant has required special attention?
 If yes, please explain.

Other information that may facilitate your child's success at ASU _____

Do you have a student that's also applying at the Secondary School?

- Yes No

Full name : _____

Other Siblings in Family

No	Name	Date of Birth	School/College	Class/ Year

IV. Health Information

Name: _____ Grade: _____

Date of Birth _____ (YYYY/MM/DD)

In case of Emergency, please provide the Name and Phone Number of Relative, Neighbor, Friend.

Name _____

Relationship to the child _____

Telephone: _____ Mobile: _____

E-mail: _____

Please check any of the following conditions which currently affect your child:

- Diabetes Kidney/Bladder Liver/Spleen Orthopedic/bone
- Vision problem Heart problem Eye glasses Depression /stress
- Hearing problems Blood disorder Seizures
- Asthma Severe Mild Caused by _____
- Allergies to:

- Any medication _____
 (*Students requiring medication at school MUST have parent’s written note)

Please check if your child has had any of the following diseases:

- Chicken Pox Hepatitis Polio Tonsillitis
- Diphtheria Malaria Tuberculosis Rheumatic Fever
- Scarlet Fever Typhoid Fever German measles Mumps
- Smallpox Whooping Cough

History of Immunization

Type Vaccine	Date	Type Vaccine	Date
Tuberculosis-BCG		Polio	
MMR (Measles, Mumps, Rubella)		DPT (Diphtheria, Pertussis, Tetanus)	
Hepatitis B		Date of last X-Ray	

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.

For Student Services use only/ Сургалтын албанаас бөглөх хэсэг

Date Received	Date Tested	Testing time	Admitted	Grade	Starting Date	Student ID	Notified by Student Services Office
			Yes/No				

School Administration Approval: _____ (Signature) _____ (Title) _____ (Date)

NOTES / ТЭМДЭГЛЭЛ
