

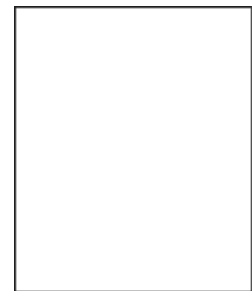


AMERICAN SCHOOL OF ULAANBAATAR
 Zaisan Hill-11 Khan Uul District, Central
 Post Office, PO Box 2365, Mongolia, 1560
 Elementary School: (976)11- 34 15 01
 Secondary School: (976)11- 34 88 88
 Email: info@asu.edu.mn
 Website: www.asu.edu.mn

APPLICATION FORM 2020-2021

HIGH SCHOOL (9-12) /SECONDARY SCHOOL (GRADE 6-8)

1. Admissions Application form /Please note that incomplete forms will not be accepted/
2. Health Information Form /Copy of vaccination record/
3. Recent passport size 2 photo /last 6 months/
4. Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp
5. Copy of Parent’s Identification Card or Passport with valid Mongolian Visa stamp
6. Last 2 years school report cards
7. Read carefully the “Parent-Student Handbook 2020-2021”
/It can be found on the school website or at the school reception/
8. Signed enrollment agreement
9. Enrollment 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 _____

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**

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	_____	_____

*Please check below as to payment agent:

- Parent: _____
(Please write your name)
- Relative/ Guardian: _____
(Please write name and relation)
- Company/ Organization: _____
(Please write name)

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 Married
 Mother Deceased Mother Remarried Father Deceased Father Remarried

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: _____

Additional Information

Has the applicant:

- Yes No Ever been suspended or expelled from school?
 If yes, please explain _____
- Yes No Ever repeated a grade? If yes, which? _____
- Yes No Ever skipped a grade? If yes, which? _____
- Yes No Ever been put in any special programs at school? Gifted, advanced, ESL, ESOL etc?
 If yes, please explain _____

Does the applicant:

- Yes No Have any educational, emotional or behavioral difficulty?
 If yes, please explain _____
- Yes No Receive special education services?
 If yes, please explain _____

Are there any

- Yes No Health, physical or emotional factors for which the applicant has required special attention?

Do you have any information that you would like to share with the:

- Principal Teacher Counselor Other

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

Other Siblings in the family

Name	Date of Birth	School/College	Class/Year

Emergency Contact

Relation	First name	Last Name	Cell Phone	Home Phone

Health Information

Name: _____ Grade: _____

Date of Birth (YYYY/MM/DD)

In case of Emergency, please provide the Name and Phone Number of a Relative, Neighbor or 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

Parent's signature: _____

Date: ____ / ____ / ____
Day Month Year

For Student Services use only / С у р г а л т ы н а л б а б ө г л ө н ө

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

School Administration: _____
Signature / Г а р ы н ү с э г *Title / А л б а н т у ш а а л*
 Date / О г н о о

NOTES / Т Э М Д Э Г Л Э Л
