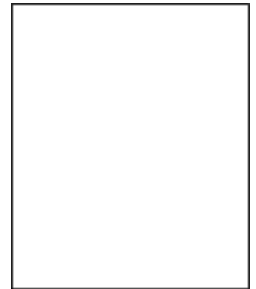


# APPLICATION FORM 2020-2021

## ELEMENTARY SCHOOL (PreKG-GRADE 5)

1. Admissions Application form
2. Health Information Form /Copy of vaccination record/
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. Read throughout the "Parent-Student Handbook 2020-2021"  
/It can be found on the school website or at the school reception/
8. School agreement with parents
9. Enrollment fee /300 000₮/



### I. Personal Information

*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 is 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.