

## AMERICAN SCHOOL OF ULAANBAATAR APPLICATION FORM 2017-2018 (Pre KG-Grade 5)

### I. Personal Information

- Admissions Application form
- Health Information Form
- 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
- Photocopy of the child's recent (past 2 years) school report
- Signed enrollment agreement
- 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 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: \_\_\_\_\_

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.  
\_\_\_\_\_

**Do you have any concerns that you would like to discuss with the:**

- Principal     Assistant Principal     Teacher     Other

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**

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