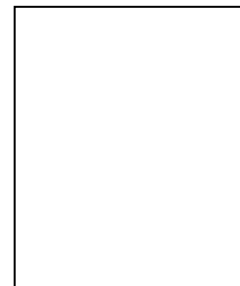


SECONDARY SCHOOL APPLICATION FORM 2018-2019 (GRADE 6-12)

I. Personal Information

1. Admissions Application form
2. Health Information Form
3. Recent passport size photo
4. Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp
5. Copy of Parent's Passport or Identification Card
6. Middle School: Last 2 years school report cards (Grade 6 and up)
7. High School: Report Cards from (Grade 9 - 12)
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**

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	_____	_____

*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: _____

III. 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

IV. 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 / Сургалтын алба бөглөнө							
Date Received	Date Tested	Testing time	Admitted	Grade	Starting Date	Student ID	Notified by Student Services Office
			Yes / No				

School Administration: _____
 Signature/Гарын үсэг _____ Title/Албан тушаал _____ Date/Огноо _____

NOTES / ТЭМДЭГЛЭЛ
