

# KWANGJU FOREIGN SCHOOL

106 SAMSO-RO, BUK-GU, GWANGJU, KOREA 500-480  
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## APPLICATION FOR ENROLLMENT

### STUDENT 학생

Passport Name 여권상 이름	(Family) (Given) (Nickname)	Recent Photo 최근사진			
Date of Birth 생년월일	/ / M D Y			Sex 성별	<input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth 출생지	(City) (Country)			Entering Grade 지원 학년	
Passport 여권정보	(Country) (Number) (Date of Expiration)				
Alien Registration Number 외국인등록번호				Korean resident Registration Number 주민등록번호	
Home phone 집전화		Mobile Phone 휴대전화			
E-mail Address 이메일주소		Religious Preference 종교상의 선호도			
Mailing Address 주소					

### FAMILY 가족

	Father 부	Mother 모		
Name 성명				
Citizenship 국적				
Country of Birth 출생지				
E-mail Address 이메일주소				
Mobile Phone 휴대전화				
Work phone 직장 전화				
Occupation 직업				
Mailing Address of Company 직장 주소				
Marital State of Parents : 결혼상태	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single 결혼    별거    이혼    사별    미혼			
Siblings 형제자매	Name 이름	Date of Birth 생년월일	Citizenship 국적	School Attending 재학중인 학교

**EDUCATION / PERSONAL BACKGROUND 교육/개인적인 배경**

Schools attended. Please begin with the most recent one.

재학했던 학교. 최근순으로 작성해 주시기 바랍니다.

Name of School 학교 이름	City/Country 시/국가	Website Address 웹사이트 주소	Attended from-to 재학년도	Grade 학년	Language of Instruction 사용언어

1) Does your child required any special support service due to a language deficiency or learning disability? **학생이 언어문제로 특별 프로그램을 받은 적이 있습니까?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from \_\_\_\_\_ to \_\_\_\_\_

2) Has your child ever received special education services in a previous school?

**학생이 이전 학교에서 특별한 교육을 받은 적이 있습니까?**

Yes  No \_\_\_\_\_ (If yes, please explain.)

3) Does your child have a disciplinary record from his/her previous school(suspended or expelled)?

**학생이 이전 학교에서 징계를 받은 적이 있습니까? (정학 또는 퇴학)**

Yes  No \_\_\_\_\_ (If yes, please explain.)

4) Does your child have any psychological disorders (social, emotional, or mental)?

**학생이 정신장애를 가지고 있습니까? (사회적, 감정적, 정신적)**

Yes  No \_\_\_\_\_ (If yes, please explain and attach report.)

5) Has your child ever been prescribed medication for a social, emotional, or mental disorder?

**학생이 사회적, 감정적, 정신적인 문제로 진단을 받은 적이 있습니까?**

Yes  No \_\_\_\_\_ (If yes, please explain and attach report.)

**Emergency Contact Number**

Who will the child be living with during the school year? Please check:

**현재 학생이 누구와 거주하고 있습니까?**

Both Parent 부모  Father 아버지  Mother 어머니

Grandparents 조부모  Other(Please specify)기타(자세히 기재) \_\_\_\_\_

Person to be contacted in an emergency if parents are not available:

**위급사항에 부모님과 연락이 안 될 경우 연락 가능한 비상연락처**

Name 이름 : \_\_\_\_\_ Relationship 관계 : \_\_\_\_\_

Phone 전화번호 : \_\_\_\_\_ Mobile Phone 휴대전화 : \_\_\_\_\_

**In making this application the undersigned certifies his understanding that:**

1. Kwangju Foreign School will provide a United States based education.
2. Fees and tuition are payable in either U.S. dollars or Korean won at the prevailing exchange rate.
3. Each applicant for admission to KFS shall be considered on their own merit.
4. Parent's have an obligation to return the completed Application For Admission, Special Power Of Attorney, school bus registration form and a photocopy of the passport before a student will be admitted.
5. Parents are responsible for seeing that their kids have the required shots/tests done within 30 days of enrollment.

Date of application: \_\_\_\_\_ Signatures: Father: \_\_\_\_\_ Mother: \_\_\_\_\_