



APPLICATION FOR ADMISSION

Student Information

Student Photo	Korean (한글 이름)	Date of Birth: / / M D Y	Sex: F / M
	Official English name (여권 영어이름)	Place of Birth 태어난 지역	Nationality: 국적
	English name in class (영어이름)	Current and Last Schools Attended 현재/마지막 다니고 있던 학교	
Home Address		Home Phone	
		Mobile Phone (Mother)	
		Mobile Phone (Father)	
Name of attending Church 출석교회			
Church Homepage /address 교회 홈페이지			
<p>Has the student received any special academic, social, or emotional support (i.e.: speech therapy, learning difficulties, counseling, etc.) or had any diagnostic testing? 학생의 학업적, 정서적 도움을 위해 전문가의 도움을 받으신적이 있으신가요?(언어, 미술, 놀이, 감각통합치료, 사회성 향상, 집중력 향상, 학습코칭 치료 등등)</p> <p><input type="checkbox"/> Yes 예 <input type="checkbox"/> No 아니오</p> <p>If any, what type of support has the student received? 받으신 적이 있으면 구체적으로 어떤치료를 받으셨나요?</p> <p>Please attach relevant reports/test results. 관계되는 테스트 결과나 치료진행자료를 첨부해 주시기 바랍니다.</p>			
Has the student ever repeated a grade? 유급되었던 학년		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which grade?
Has the student ever skipped a grade? 월반했던 학년		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which grade?

Emergency Contact Information

Person to be contacted in an emergency if parents are not available 비상시에 부모님께 연락이 되지 않을 경우 연락처 (2명)			
Name 1:	Relationship:		
Phone Number:	Mobile Phone:		
Name 2:	Relationship:		
Phone Number:	Mobile Phone:		