

ATHERTON INTERNATIONAL SCHOOL

APPLICATION CHECKLIST (Please tick the box.)

1. Completed application form
2. Copy of birth certificate
3. Photocopy of valid passport title page for applicant, father and mother: Applicant Father Mother
4. Copy of front and back of foreign registration card: Applicant Father Mother
5. Copy of transcript or report cards: From Current From Last two school years
6. Copy recent standardized test results (if available)
7. Medical report (if applicable)

Additional Documentation

1. Do both parents hold Korean citizenship? Yes No If yes, please check below.
 - "Certificate of the facts concerning the entry and exit" issued by immigration office proving more than three years residence outside Korea. (vacation, camps, trips will not be counted)
 - Official proof of three-years education abroad: certificate of attendance and / or report cards issued by the student's school overseas (for those three-years)
2. Is one of the parents a Korean citizen or dual citizenship holder? Yes No If yes, please check below.
 - Original copy of Korean Family Registry
 - Copy of front and back of domestic residence card for parents

UPDATED ADMISSIONS AND STUDENT PLACEMENT INFORMATION

AIS like any other quality international school has a robust application and placement process for prospective students. The rationale behind this process is to ensure the placement benefits the child and allows AIS to be able to decide whether it can truly support the child and meet in his/her educational and social and emotional needs.

AIS will be completely honest with all new prospective parents about the suitability of AIS for their children as a result of information shared on the AIS Application Form, accompanying school reports and or assessment information and an AIS assessment.

The application process firstly involves new families who inquire about a school place at AIS. Families then decide then if they want to proceed with their application by completing an AIS Application Form as the first stage of the placement process.

Once the Application Form is received by the school it is read through by the AIS SLT. Please note at this stage this does not mean the family is automatically offered a place.

AIS asks for any previous school information (latest school reports, assessment data) to be submitted to the school subject to the age of the child. This information is again read through by AIS's SLT.

AIS is committed to placing children in their chronological age group however for children who join us from the southern hemisphere, where the school year begins in January; placing a child in their chronological age group means the child will have missed a minimum of six months of the learning for their year group. We therefore reserve the right to assess the child's level of knowledge, skills and understanding during a two week induction period. On entry to school all children will be placed in the class of their chronological age; following the induction period a decision will be made on whether the child remains in this class or moves to the year group below. Please note this decision is not consultative, it is based on the educational needs of the child.

If as a result of any information indicating the child has EAL or any type of learning needs the SLT will meet and explain to the parents what the next stage is. Again at this point the child still has not been accepted. This stage could involve the school recommending the child has an assessment with the Mind Centre in Busan, before a judgment can be made as to placement or not as the case maybe.

If a family purposely withholds vital information pertaining to a child's educational needs and it is identified by the school very early on that the child does have learning needs, the school has the right to readjust the placement terms or in extreme circumstances review the placement all together.

APPLICATION AGREEMENT

1. Parents should submit a completed application form, their child's medical report and previous school's reports.
2. All the information a parent has provided on this form is considered true and correct. If any inaccurate, incomplete, or misleading information has been provided, AIS has the right to revoke this application form.
3. Parents should read carefully the school's admission policy and fees policy before submitting this application.
4. Parents should read the Parents Handbook and agree to follow the school policies and procedures before submitting the application.
5. AIS does not disclose an applicant's information with parties other than the applicant, the parents and/or legal guardians (i.e. immediate family members of the applicant). We also do not accept nor process any applications that come through any educational agencies or consultants.
6. AIS will not receive any application form nor work with any agency that works on behalf of a parent. Furthermore, AIS reserves the right to change this policy at any time without notice.
7. The admissions office of AIS will make every effort to contact the parents of the applicant to verify the student's status, schedule a pre-starting meeting, and send the school fees invoice. If we are unable to reach the parent one weeks after an offer of admissions is given, the offer will be revoked.

Documents submitted will not be returned under any circumstances.

Name of Mother: Signature: Date:

Name of Father: Signature: Date:



ATHERTON INTERNATIONAL SCHOOL APPLICATION FORM

STUDENT INFORMATION

Name (on passport) : _____
Given Name Middle Name Family Name

Preferred Name : _____ **Date of Birth :** ____ / ____ / ____ **Female / Male**
Day Month Year (Please circle)

Nationality: _____ **Passport #:** _____

Citizenship (If dual, please indicate) : _____ **Passport #:** _____

Expected Start at AIS ____ / ____ / ____ **Expected Leaving Date from AIS** ____ / ____ / ____
: Day Month Year : Day Month Year

Has your child attended AIS before? Yes No **If yes, Years** _____

**Recent
Photograph
3.5cm x 4.5 cm**

Current / Previous school information (most recent first)

Name of School	City/Country	Website Address	Years/ Grads	Phone No.	Period Attended

PARENT INFORMATION

<p><u>FATHER</u></p> <p>Name (on passport): _____</p> <p>Nationality: _____</p> <p>E-mail: _____</p> <p>Mobile Phone: _____</p> <p>Home(Landline) : _____</p> <p>Office Phone: _____</p> <p>Company: _____</p> <p>Project: _____</p> <p>Shipyards: <input type="checkbox"/> DSME <input type="checkbox"/> SHI</p> <p>Company contact person in Korea</p> <p>Name: _____</p> <p>Work phone: _____</p> <p>E-mail: _____</p>	<p><u>MOTHER</u></p> <p>Name (on passport): _____</p> <p>Nationality: _____</p> <p>E-mail: _____</p> <p>Mobile Phone: _____</p> <p>Home(Landline) : _____</p> <p>Office Phone: _____</p> <p>Company: _____</p> <p>Project: _____</p> <p>Shipyards: <input type="checkbox"/> DSME <input type="checkbox"/> SHI</p> <p>Company contact person in Korea</p> <p>Name: _____</p> <p>Work phone: _____</p> <p>E-mail: _____</p>
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EMERGENCY & FAMILY

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

Name:

Name:

Relationship:

Relationship:

Mobile phone #:

Mobile phone #:

2. How will your child normally commute between home and the school?

- Any Transportation provided by companies Private car
 Public transportation Walk with parents or Guardians
 School bus Permission to leave school Unattended

3. Home Address in Korea

4. If your child's sibling(s) attend(s) AIS or is applying to AIS, please fill out the table below

Sibling(s)	Name (Omit the Family Name)	Gender (Please circle)	Date of Birth (D/M/Y)	Current School	Years/ Grade
			F / M		
		F / M			
		F / M			
		F / M			

5. Release of student information in the case of an emergency and or evacuation.

Please list below those persons or person authorized from your company to collect your child(ren) from AIS during the school day in cases of emergency situations like fire, civil emergencies, evacuations, etc. If any person listed below is no longer authorized to collect your child(ren), please inform AIS's main office. You will probably have to obtain this information from your company's HR department.

Person's authorised to collect your child(ren):

e.g. any employee who is a member of the company's incident management team

Name or title:..... Signature:.....

Name or title:..... Signature:.....

Name or title:..... Signature:.....

- Your child(ren) will not be released to any person not listed above
- A photo ID must be presented by the company employee for authorization
- It is the responsibility of the parents to inform ISK of any changes to the information listed on this form

Signature of Parents :

PAYMENT INFORMATION

1. Who will be responsible for payment of school fees?

- My employer will cover my child's full school fees.
- I receive a partial subsidy from my employer for my child's school fees.
- I will cover all of my child's school fees.
- Other:

* It is our school policy to send the school fees invoice directly to parents only via email.

MEAL PLAN SIGN UP

1. Would you like to sign up your child for school meal? Yes No

If yes, your child's subscription for school meals starts on his/her first day of school.

If no, please make sure your child has a packed lunch and snack on his/her first day.

2. For school meal subscribers only

a. Meal Type (please choose one): International Vegetarian (without any meat, seafood)

- Day trip lunch will be provided.

b. Food Allergy information:

Name of Parent: Signature: Date:

Confirmation / Acknowledgement & Medical Questionnaire (page 1 of 2)

If your child has any medical changes, you must inform the school nurse, class teacher and reception.

Participant	Name: Class: Gender: Age:
Parent / guardian or emergency contact	Name: Relationship: Cell phone: Home phone: Work phone:
Allergies of participant (provide details of reaction and administration of medication)	Insect stings /bites: Asthma: Hay fever: Seafood: Wheat: Nuts: Penicillin: Other:
Health history of participant (provide details indicating <i>past / present</i> condition)	Heart defect / disease: Diabetes: Hypertension: Epilepsy: Bleeding / clotting disorders: Other:
Does participant have a current tetanus shot?	Circle: <input type="checkbox"/> yes <input type="checkbox"/> no Date of last shot (dd/mm/yy) : / /
Current prescribed medications (provide details of any medications to be administered to participant during trip)	

AIS Trips: Confirmation / Acknowledgement & Medical Questionnaire (page 2 of 2)

This form is used for reference when taking your child off site for any trip. If your child has any medical changes, you must inform the school nurse, class teacher and reception.

Other health related information about participant	
Dietary requirements of participant (provide any special considerations)	
Swimming ability of participant	Circle: <input type="checkbox"/> cannot swim <input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced
Activities to be encouraged, limited, or avoided (provide details of any restrictions)	

Swimming/Water Related Activities

I hereby give my permission for _____ to go swimming and participate in water related activities.

Administration of Medication

As the parent / guardian of _____, I give permission for school personnel to administer prescribed medication. I, the undersigned, agree not to file or make any claim for negligence in connection with the administration or non-administration of prescribed medication.

Parent / guardian: _____ signature: _____ date: _____

****If you, parents or guardians, do not want the school nurse to administer your child medication, please check down below and put reasons why you do not want it.**

I do not want school personnel to administer prescribed medication () Reason: _____

Parent / guardian: _____ signature: _____ date: _____

Hold Harmless Agreement

I have read the AIS Trips Policy and will support the procedures and guidelines documented in the policy. I understand that participation in this trip involves a certain degree of risk and may be physically, mentally, and/or emotionally demanding. The safety of all trip participants (AIS staff, students and Parent Helpers) is of the utmost importance. AIS and its staff will do as much as possible to minimise any risks. I understand that all participants are required to abide by applicable policies and procedures as described in the AIS Trips Policy. If policies and procedures are followed, I release the Atherton International School, AIS staff and Parent Volunteers from any and all claims or liability.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent / guardian: _____ signature: _____ date: _____

Parent / guardian phone number: _____

Email Address: _____

Please contact the trip's Designated Coordinator with any questions.

LEARNING NEEDS INFORMATION (Please tick the box.)

1. Has the student been formally diagnosed with learning needs?

Yes No If yes, please provide details

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2. Are there any behavioural concerns that the school should be aware of?

Yes No If yes, please provide details

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.....

3. Are there any social concerns that the school should be aware of?

Yes No If yes, please provide details

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.....

4. Has the student ever received counseling for emotional support?

Yes No If yes, please provide details

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.....

5. Has the student had difficulty performing at grade level in reading, writing or mathematics for example?

Yes No If yes, please provide details

.....
.....

6. Has the student ever received additional support for the learning?

Yes No If yes, please provide details

.....
.....

7. Do you know of any modification needed to support the student's learning?(Individualized Education Plan - IEP etc)

Yes No If yes, please provide details

.....
.....

8. Are you aware of any strategies that teachers have used to support the student's learning?

Yes No If yes, please provide details

.....
.....

9. Is there anything of important to note about the student's learning needs which may be of value to the school?

Yes No If yes, please provide details

.....
.....

ENGLISH AS AN ADDITIONAL LANGUAGE

1. In which language do you consider your child to be the most proficient?

- (a) English (b) Mother Tongue (c) I don't know yet

If you have answered (b) and or (c) only please indicate below what you believe is the English level of your son/daughter.

- (a) Complete beginner (b) Intermediate (c) Competent

If you answered number 1 - (b) or (c) please continue the survey.

2. What languages does the child's father speak?

3. What languages does the child's mother speak?

4. What language/s is/are spoken at home?

5. Who speaks which language with your child?

6. At what age did your child begin speaking in your home language/s?

7. **Not including English**, what language/s is/are your child comfortable using?

8. Did your child receive any additional support (EAL/ESL/ELL/outside tutoring) at their last school?

- Yes No If yes, Years Months

9. How many years was a mother tongue the language of instruction in school?

10. Does your child use a mother tongue language/s at home? Always Sometimes Rarely/Never

11. Does your child read in the mother tongue language/s? Always Sometimes Rarely/Never

12. How many years was any other language the language/s of instruction in your child's school/s?

13. How do you consider your child's fluency in your second/other language/s?

- Excellent Good Satisfactory

14. If you have ever had any concerns about your child's speech development in their first/home language/s, please explain?

15. What is your child's personality like in the language they feel most comfortable using? (*ie/talkative/shy/friendly*)
.....

16. What does your child enjoy doing at school?
.....

17. What area/s of learning does s/he find challenging?

18. What interests your child? (e.g., drawing/sports/reading)
.....

19. Does s/he currently have any English language support outside of school? Yes No