ASIA PACIFIC INTERNATIONAL SCHOOL
SEOUL

APPLICATION FOR ADMISSION

Photo 3x4cm	Name of the Student:	
	Age:	Date of Birth: (MM/DD/YY) Current Grade:
	Applying Grade:	Siblings applying to APIS: ☐ Yes ☐ No Siblings currently enrolled in APIS: ☐ Yes ☐ No
	Home Address:	
	Phone:	Email:
	Qualification Category: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

Application Check List

- ☐ Application form fully completed
- ☐ Four recent 3x4 size photos
- ☐ Proof of eligility to attend a foreign school in Korea
- All applicants must submit a photocopy of valid passports (Student, Father and Mother).
- There are four categories of eligibility:

Category 1 - A student who has at least one parent holding a valid foreign passport.
Category 2 - A student who is a Korean citizen (including dual citizen) and has lived overseas for a minimum of three years (1,095 days).
Category 3 - A student who is transferring from an accredited international school in Korea.
Category 4 - A student who has 6 semesters of official school transcripts (report cards) and certificate of enrollment from an overseas school.
Category 5 - A student who has a naturalized, non-ethnic Korean parent(s) who is deemed unable to continue education in the local school system, as determined by the deliberation of the school.

- ☐ Confidential, sealed letters of recommendation (for elementary applicants, one letter from the student's current or most recent teacher; for middle and high school applicants, two letters from recent teachers (preferably from teachers of English, Math, or Science.) These letters must be sent directly to APIS by the teachers or they must be sealed and signed by the teachers.
- ☐ Official, sealed transcripts or report cards sent directly from the student's most recent school(s) attended. For elementary school, the most recent two years are required; for middle and high school, the most recent three years are required.
- ☐ Official results from the most recent standardized tests (e.g. Stanford 10, ITBS, Terra Nova, CAT, SSAT, PSAT, SAT, ACT) where applicable.
- ☐ Application processing fee: KRW 300,000(Non-Refundable)

Note: Once documents have been reviewed by the Admissions Office and a candidate is deemed eligible, an interview and test will then be scheduled.

Note: Transcripts in a language other than English must be translated to English and the original must be submitted along with the translation. For high school transcripts, the translation must be certified by a notary.

ADMISSIONS OFFICE USE ONLY

Date Completed Application Received: (MM/DD/YY) _____ First Day of School Attendance: _____

Entering Grade: _____

Complete School Records: ☐ Yes ☐ No Please specify: _____

Proof Of Citizenship: ☐ Yes ☐ No Please specify: _____

Transfer from non-U.S. school: ☐ Yes ☐ No Please specify: _____

Type of TEST Needed: _____ E.S.L Level: _____ Score: _____

School Bus Transportation: ☐ Yes ☐ No

Student Information

Name(as written on passport) *Family Name* :	*First, Middle Name:*	
☐ Male ☐ Female	Date of Birth: *MM/DD/YY*	Age:
Place of Birth: *Country*	Nationality: *As shown on passport*	
Passport Number:	Expiration Date: *MM/DD/YY*	
Alien Registration Number:	Expiration Date: *MM/DD/YY*	
Korean Resident Registration Number:	Expiration Date: *MM/DD/YY*	
Current Grade: / Applying Grade:	Preferred Name in Class:	
First Language:	Language(s) spoken at home:	
If ENGLISH is not the student's native language, please answer the following: ☐ None ☐ Beginning ESL ☐ Intermediate ESL ☐ Advanced ESL ☐ Proficient		
Student Cell. Phone:	Student E-mail Address	
Full Mailing Address: *(Print in Korean if possible)*		
Emergency Contact Person: *Phone Number:* *Relationship to Applicant:*		

Health Information

Certificate of Immunization: Please fill in the following or submit a copy of a completed equivalent form.

VACCINE DOSES ADMINISTERED *(MM/DD/YY)*					
DPT/DTaP : Diphtheria, Tetanus and Pertussis	1)____ / ____ / ____	2)____ / ____ / ____	3)____ / ____ / ____	4)____ / ____ / ____	5)____ / ____ / ____
Td/Tdap : Tetanus and Diphtheria	1)____ / ____ / ____				
Polio (IPV or OPV)	1)____ / ____ / ____	2)____ / ____ / ____	3)____ / ____ / ____	4)____ / ____ / ____	
MMR : Measles, Mumps and Rubella	1)____ / ____ / ____	2)____ / ____ / ____			
Varicella : Chickenpox	1)____ / ____ / ____	2)____ / ____ / ____	Disease History ____ / ____ / ____		
Hepatitis B	1)____ / ____ / ____	2)____ / ____ / ____	3)____ / ____ / ____		

List any serious illnesses, medical conditions, allergies, accidents, operations, nutritional, mental or emotional problems and/or handicapping conditions:

1. Does the student have a medical condition that requires continuous medical care? ☐ Yes ☐ No
2. Is the child taking prescribed medication regularly? ☐ Yes/ Please list: _____ ☐ No
3. Is the child using a medical device? ☐ Yes/ Please list: _____ ☐ No
4. Does the child have allergies? ☐ Yes/ Please list: _____ ☐ No
5. Has the student ever been diagnosed with having a specific learning disability? ☐ Yes ☐ No
6. If yes, please describe: _____

Family Information

Home Number:	
Marital Status of the Parents: ☐ Married ☐ Separated ☐ Divorced ☐ Single Parent ☐ Widowed	

Father's Name: *Family Name*	*First / Middle*	Cell. Phone:
Place of Birth:	Nationality:	Passport Number:
Full Mailing Address: *(Print in Korean if possible)*		
Occupation:		Position:
Name of the Company:		
Mailing Address of Company:		
Work Phone Number:	Email:	
Highest Degree Attained: ☐ Doctorate ☐ Masters ☐ Bachelors ☐ HS		
Religious Preference:		

Mother's Name: *Family Name*	*First / Middle*	Cell. Phone:
Place of Birth:	Nationality:	Passport Number:
Full Mailing Address: *(Print in Korean if possible)*		
Occupation:		Position:
Name of the Company:		
Mailing Address of Company:		
Work Phone Number:	Email:	
Highest Degree Attained: ☐ Doctorate ☐ Masters ☐ Bachelors ☐ HS		
Religious Preference:		

Name of Siblings	Sex*(Male/Female)*	Date of Birth*(MM/DD/YY)*	Citizenship	School
1.				
2.				
3.				

Changes in weather conditions or threat of civil disturbances may necessitate early bus departure. Therefore, I authorize the school to:	
1. Send my student home on the school bus early	☐ Yes ☐ No
2. Have my student remain at the school until I arrive	☐ Yes ☐ No
3. How will the student normally depart from school	☐ School Bus ☐ Walk ☐ Private Car/Bus ☐ Public Transportation ☐ Other(Please list):

Primary email address to receive information from APIS: _____

Academic Information

Please list the Last 3 schools attended, beginning with the most recent:

Name of School:	Period Attended: (MM/DD/YY)	---
Language of Instruction:	Grade:	School Phone Number:
School Address:		
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Language of Instruction:	Grade:	School Phone Number:
School Address:		
Name of School:	Period Attended: (MM/DD/YY)	---
Language of Instruction:	Grade:	School Phone Number:
School Address:		

1. Has your child ever repeated a grade? ☐ Yes ☐ No If yes, which grade? _____
2. Has your child ever been suspended or expelled from school?If ☐ Yes ☐ No
   yes, please describe: _____
3. Check if the student has participated in the following:

☐ Athletics _____ ☐ An accelerated program ☐ A gifted program ☐ National Honor Society

☐ Advanced Placement (AP) course(s) ☐ I.B. Program ☐ Other specialized programs _____

4. Please list academic awards your child has received: _____
5. Desired starting date of school Attendance: _____

Authorizations

I give permission for my child to participate in all "away from school" field trip activities that are supervised by the school.

Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date(MM/DD/YY)*

I agree to reimburse the school for any issued textbooks, library books and other school property lost or damaged by my child.

Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date(MM/DD/YY)*

I authorize the school to arrange for emergency medical treatment.

Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date(MM/DD/YY)*

I agree to let APIS release the following information to the Parent Teacher Organization for publication in the PTO Parent Directory which will be made available to all parents of APIS: the student's name and class; the parents' name and contact information (home number, cell phone number, and email addresses). Only by signing below will this limited information be released to the APIS PTO. All other information will remain confidential.

Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date(MM/DD/YY)*

How were you referred to APIS? ☐ Employer ☐ APIS Parent/Friend ☐ Internet ☐ Advertisement ☐ Other _____

Enrollment Contract

The undersigned, as parent(s) or guardian(s) hereby request(s) that _____ be enrolled
First Name Last Name

as a student in grade _____ at APIS for the school year 2024-2025.
Grade Level

Parents of student(s) enrolled in Asia Pacific International School, by signing this contract, agree to the following:

1. Parents and students agree to abide by the APIS rules and guidelines as set by the school.

2. Parents will support the discipline policies of the school, entrusting the administration and faculty to implement disciplinary measures to build character in the children and to maintain an atmosphere conductive to learning in the classroom.

3. Parents absolve Asia Pacific International School from Liability relating to his/her child because of any injury to the child at school or during any school related activity with the understanding that insurance or medical coverage of the child is the responsibility of the parents.

4. A fourteen-day notice must be given prior to withdrawing any students.

5. The parent or guardian fully acknowledges receipt and review of Asia Pacific International School Fee Schedule and agrees to all terms, conditions and due dates enclosed therein, _____
(Initial)

Please choose one of the following:

- ☐ I will pay all tuition and fees within two weeks of notification of admission.
- ☐ I will use the installation plan for the 2024-2025 School Year (1st payment is due within two weeks of notification of admission)

6. The following fees are NOT refundable once your child is accepted by APIS:
Application fees, Registration fees, the USD portion of the tuition, senior fee, and any payment made with the installment plan. *(Tuition and Bus Fees are subject to refund in accordance with the early withdrawal refund schedule.)*

7. All need-based tuition scholarships are reviewed each year. It is expected and understood that the financial aid will be reduced as the parents' financial situation improves.

8. No refunds will be given in the event of a large scale withdrawal due to a major disaster such as war, natural disaster.

9. This contract will be null and void only when the child is properly withdrawn from school.

To the best of my knowledge all information provided is complete and accurate. I understand the failure to disclose all requested information may result in the student being dismissed from APIS.

Signature of parents or guardians:

_____	_____	_____
Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date{MM/DD/YY}*
_____	_____	_____
Print Name of Parent/Guardian	*Signature of Parent/Guardian*	*Date(MM/00/YY)*

Prior English Assessment for ESL Referrals

Name: *First Name* *Last Name*		
Date of Birth *(MM/DD/YY):*	Age:	Nationality:
First Language:		☐ Read ☐ Write ☐ Speak
Other Languages:		☐ Read ☐ Write ☐ Speak
Other Languages:		☐ Read ☐ Write ☐ Speak

1. Has your child previously studied the English language? ☐ Yes ☐ No If yes, how long? _____

   What type of study? *(Check all that applies)*

   ☐ Home study ☐ Tutoring institute ☐ Bi-lingual school ☐ Other: _____

2. Has your child lived in an English speaking county? ☐ Yes ☐ No

   If yes, where? _____ At what age? _____ For how long? _____

3. Who in your household speaks English and will be able to help your child practice English?

   _____

4. What steps are you planning to take to improve your child's English outside of the school setting?

Student Emergency and Medical Information

Name: *First Name* *Last Name*	Grade:	Gender: ☐ Male ☐ Female
Date of Birth: *(MM/DD/YY)*	Place of Birth:	

1. Allergies: ☐ None ☐ Bee Sting ☐ Poison Oak

Medication: _____

Food: _____

Other: _____

2. Current Medications (including medication for ADD / ADHD): ☐ None

List: _____

3. Current/Chronic Medical Problems: ☐ None

Explain: _____

4. Past Medical Problems (and year of problem): ☐ None

Explain: _____

5. Surgeries (and year of surgery): ☐ None

Explain: _____

6. Is your child using a medical device such as an inhaler: ☐ Yes ☐ No

Explain: _____

Physician's Name: _____ Physician's Phone Number: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Contact Phone Number: _____

APIS Refund Policy Agreement

Grade: _____ **Student Name:** _____

1. The application processing fee is not refundable once your payment is made to APIS.
2. Tuition and Bus Fees only are subject to refund in accordance with the schedule written on our "Tuition and Fees Information" sheets.
3. These following fees are not refundable once your child is accepted by APIS.
   - ✓ Application Processing Fee
   - ✓ Registration Fee
   - ✓ Senior Fee
   - ✓ The USD portion of the Tuition
   - ✓ The initial installment tuition and bus payment
4. No refunds will be given in the event of a large scale withdrawal due to a major disaster such as war, natural disaster, civil strife, labor unrest or natural disaster that cannot be reasonably anticipated or controlled by the school and would adversely affect the school's financial condition.

Parent/Guardian Signature: _____ **Date** (MM/DD/YY)**:** _____