

# APPLICATION FOR ADMISSION

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

## Application Check List

- Application form fully completed
- Four recent 3x4 size photos
- Proof of eligibility 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 400,000(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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:
Proof Of Citizenship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:
Transfer from non-U.S. school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:
Type of TEST Needed:	E.S.L Level: _____ Score: _____	
School Bus Transportation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Student Information

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

## 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: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Widowed				

Father's Name: <i>Family Name</i>	First / Middle	Cell. Phone:
Place of Birth:	Nationality:	Passport Number:

Full Mailing Address: <i>(Print in Korean if possible)</i>				
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Occupation <i>(Optional):</i>	Position <i>(Optional):</i>
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Name of the Company <i>(Optional):</i>				
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Mailing Address of Company <i>(Optional):</i>				
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Work Phone Number <i>(Optional):</i>	Email:
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Highest Degree Attained <i>(Optional):</i> <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> HS				
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Religious Preference <i>(Optional):</i>				
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Mother's Name: <i>Family Name</i>	First / Middle	Cell. Phone:
Place of Birth:	Nationality:	Passport Number:

Full Mailing Address: <i>(Print in Korean if possible)</i>				
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Occupation <i>(Optional):</i>	Position <i>(Optional):</i>
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Name of the Company <i>(Optional):</i>				
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Mailing Address of Company <i>(Optional):</i>				
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Work Phone Number <i>(Optional):</i>	Email:
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Highest Degree Attained <i>(Optional):</i> <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> HS				
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Religious Preference <i>(Optional):</i>				
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Name of Siblings	Sex <i>(Male/Female)</i>	Date of Birth <i>(MM/DD/YY)</i>	Citizenship
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		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have my student remain at the school until I arrive		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How will the student normally depart from school		<input type="checkbox"/> School Bus <input type="checkbox"/> Walk <input type="checkbox"/> Private Car/Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other <i>(Please list):</i>		

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:		
Name of School:	Period Attended: (MM/DD/YY)	---
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 2025-2026.  
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 conducive 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 student.
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 2025-2026 School Year (1<sup>st</sup> 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 Processing fee, Entrance fee, Registration fee, 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:**

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Print Name of Parent/Guardian

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Signature of Parent/Guardian

---

Date(MM/DD/YY)

---

Print Name of Parent/Guardian

---

Signature of Parent/Guardian

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Date(MM/00/YY)

## Prior English Assessment for ESL Referrals

Name: <i>First Name</i>		<i>Last Name</i>
Date of Birth (MM/DD/YY):	Age:	Nationality:
First Language:		<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak
Other Languages:		<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak
Other Languages:		<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> 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 country?  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?

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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: <i>First Name</i>	<i>Last Name</i>	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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
  - Entrance 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): \_\_\_\_\_