

OFFICIAL USE ONLY		ENTRANCE DATE		DEPART DATE		RE-ENTRY DATE		GRADUATION DATE	
ID NUMBER	ENTRY GRADE	D D - M M - Y Y		D D - M M - Y Y		D D - M M - Y Y		D D - M M - Y Y	



KOREA KENT FOREIGN SCHOOL

APPLICATION FOR ENROLLMENT

PICTURE 3X4cm	NAME OF THE STUDENT		
	GRADE LEVEL		APPLYING YEAR
	CURRENT	APPLYING	~
	SIBLING APPLYING ALSO		
	YES	NO	YES
IS STUDENT IN KOREA NOW?		IF NO, WHEN DOES THE STUDENT ARRIVE IN KOREA?	
YES	NO	CONTACT NUMBER	
MEMO			

KKFS SCHOOL WIDE LEARNING EXPECTATIONS

1 INDIVIDUALS:

- ▶ **DESIRE TO GAIN KNOWLEDGE**
- ▶ **WORK TO GAIN KNOWLEDGE**
- ▶ **USE KNOWLEDGE TO MEET THEIR OBJECTIVES**

2 INDIVIDUALS WHO ARE COOPERATIVE WITH OTHERS:

- ▶ **RESPECT OTHERS IN A DIVERSE SOCIETY**
- ▶ **ESTABLISH AND ACCOMPLISH EFFECTIVE GOALS WITH OTHERS**
- ▶ **DEVELOP LEADERSHIP**
- ▶ **DEVELOP SOCIAL RELATIONSHIPS**

3 STUDENTS WHO ARE CONCERNED WITH SOCIETY:

- ▶ **ACCEPT RESPONSIBILITY FOR THEIR ACTIONS**
- ▶ **RESPECT PROPER AUTHORITY**
- ▶ **DEVELOP HIGH MORAL AND ETHICAL VALUES**
- ▶ **CONTRIBUTE TO THE SOCIETY**

4 STUDENTS WILL BECOME INDEPENDENT LEARNERS WHO:

- ▶ **ESTABLISH AND PURSUE GOALS**
- ▶ **MAKE RESPONSIBLE DECISIONS**
- ▶ **SOLVE PROBLEMS INDEPENDENTLY**

5 STUDENTS WHO COMMUNICATE:

- ▶ **EXPRESS THEMSELVES CLEARLY BOTH ORALLY AND IN WRITING**
- ▶ **UNDERSTAND WRITTEN AND ORAL INFORMATION**
- ▶ **ADAPT TO CHANGES IN TECHNOLOGY TO COMMUNICATE WITH OTHERS**

QUALIFICATIONS AND REQUIREMENTS

QUALIFICATIONS FOR ADMITTANCE

All students applying to KKFS must meet one of the following qualifications as required by the Republic of Korea Ministry of Education:

1. A student having one or both parents holding a nationality, not being South Korean as verified by an Alien Registration Card and a Korean Family Registry.
2. A student that has resided overseas, consecutively or non-consecutively for at least three years, 1095 days, as verified by the "Entry and Exit Certificate" issued by the Korean Immigration Department and having Korean parents. (Vacations, Trips, Camps, ETC., are excluded)

REQUIRED DOCUMENTS

1. Completed application form with two recent pictures (size 3x4cm)
2. Photocopy of passport for applicant, father and mother
3. If applicant and both parents have Korean Passports, a Certificate of the Facts Concerning the Entry and Exit (출입국 사실증명서) must be submitted with application form
4. Sealed teacher recommendation
5. Essay of applicant's self-introduction
6. Official transcripts from current and last two school years
7. Completed medical record form
8. Copy of recent standardized test results (e.g. Stanford 10, Star, Iowa Test, Terra Nova, CAT, SSAT, PSAT, SAT, ACT)
9. Statement of holding non-Korean Nationality

If you desire additional information that is not in our packet, please contact us.

TEL: 02)2201-7091

E-MAIL: kkfs@kkfs.org

PERSONAL INFORMATION

STUDENT INFORMATION

LAST NAME/FAMILY NAME				FIRST/MIDDLE NAME				NICK NAME							
GRADE LEVEL		BIRTHDAY				AGE	ENGLISH			FIRST LANGUAGE					
CURRENT	APPLYING	D	D	-	M	M	-	Y	Y	GOOD	FAIR	POOR			
SEX	COUNTRY OF CITIZENSHIP				PLEASE CHECK ONE (KOREANS ONLY)										
M	F					A. FOREIGN PARENT(S)			COUNTRY	B. 3 YEARS		COUNTRY			
ALIEN REG. CARD NO / KID NO				EXPIRATION DATE				PASSPORT NO.				EXPIRATION DATE			
				D	D	-	M	M	-	Y	Y				
STUDENT CELL. PHONE						STUDENT E-MAIL									
						@									

PARENT INFORMATION

MARITAL STATUS			RELIGIOUS AFFILIATION			HOME NUMBER			
MARRIED	SEPARATED	SINGLE PARENT							
HOME ADDRESS							ZIP CODE		
PRINT IN KOREAN IF POSSIBLE							-		

FATHER

LAST NAME		FIRST/MIDDLE NAME			CITIZENSHIP			ENGLISH			
								GOOD	FAIR	POOR	
PASSPORT NO. (OR KOREAN ID NO.)			OCCUPATION			WORK PHONE			FAX		
CELL. PHONE				E-MAIL							
				@							

MOTHER

LAST NAME		FIRST/MIDDLE NAME			CITIZENSHIP			ENGLISH			
								GOOD	FAIR	POOR	
PASSPORT NO. (OR KOREAN ID NO.)			OCCUPATION			WORK PHONE			FAX		
CELL. PHONE				E-MAIL							
				@							

SIBLINGS

NAME (OMIT THE FAMILY NAME)		SEX	SCHOOL ATTENDING			GRADE	
		M	F				
		M	F				
		M	F				

EMERGENCY CONTACT

NAME		PHONE NUMBER			RELATIONSHIP		

ACADEMIC INFORMATION

EDUCATIONAL BACKGROUND

PLEASE LIST THE PREVIOUS SCHOOLS YOU HAVE ATTENDED (BEGIN WITH MOST RECENT)

NAME OF THE SCHOOL	COUNTRY/CITY	PHONE NO.	PRINCIPAL	LANGUAGE OF INSTRUCTION	ATTENDED FROM - TO (YEAR/MONTH)	GRADE

HAS THE STUDENT EVER REPEATED A GRADE?	YES	NO	IF YES, WHICH GRADE?
HAS THE STUDENT EVER SKIPPED A GRADE?	YES	NO	IF YES, WHICH GRADE?
HAS THE STUDENT PARTICIPATED IN AN ESL/EFL PROGRAM?	YES	NO	IF YES, WHICH GRADE?
HAS THE STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?	YES	NO	IF YES, WHAT REASON?
HAS THE STUDENT EVER BEEN EVALUATED FOR A LEARNING DISABILITY?	YES	NO	
HAS THE STUDENT TAKEN ANY OF THE FOLLOWINGS?	YES	NO	
TOFEL	SCORE	SLEP	SCORE
OTHERS	TITLE OF THE TEST	SCORE	

PLEASE LIST EXTRACURRICULAR ACTIVITIES (CLUBS, ATHLETICS, STUDENT COUNCIL, COMMUNITY SERVICE, ETC.) IN WHICH YOUR CHILD HAS PARTICIPATED.
PLEASE LIST ACADEMIC AWARDS YOUR CHILD HAS RECEIVED.
WHAT ARE YOUR CHILD'S EDUCATIONAL PLANS AFTER GRADUATION FROM KKF5?

FOR STUDENTS TRANSFERRING FROM A NON-U.S. SCHOOL SYSTEM

COUNTRY WHERE STUDENT MOST RECENTLY ATTENDED SCHOOL	
MONTH THE SCHOOL YEAR BEGINS	
MONTH THE SCHOOL YEAR ENDS	
ACTUAL AGE TO ENTER FIRST GRADE	
NUMBER OF HOURS PER SCHOOL DAY	
NUMBER OF YEARS IN KINDERGARTEN	
NUMBER OF YEARS IN ELEMENTARY SCHOOL	
NUMBER OF YEARS IN MIDDLE SCHOOL	
NUMBER OF YEARS IN HIGH SCHOOL	

HEALTH INFORMATION

CERTIFICATE OF IMMUNIZATION: Please fill in the following or submit a copy of a completed equivalent form.

VACCINE DOSES ADMINISTERED					
DTP <small>(Diphtheria, Tetanus and Pertussis)</small>	DATE	DATE	DATE	DATE	DATE
	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y
POLIO <small>(OPV or IPV)</small>	DATE	DATE	DATE	DATE	DATE
	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y
MMR <small>(Measles, Mumps and Rubella)</small>	DATE	DATE			
	D D M M Y Y	D D M M Y Y			
MEASLES BOOSTER	DATE	DATE	DATE	DATE	DATE
	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y
HEPATITIS B	DATE	DATE	DATE		
	D D M M Y Y	D D M M Y Y	D D M M Y Y		
CHICKENPOX	DATE				
	D D M M Y Y				
OTHER ()	DATE	DATE	DATE	DATE	DATE
	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y

TB SKIN TEST <small>(List most recent test and result)</small>	DATE GIVEN	MM INDUR	IMPRESSION	
	D D M M Y Y	mm	POSITIVE	NEGATIVE
	DATE GIVEN	MM INDUR	IMPRESSION	
	D D M M Y Y	mm	POSITIVE	NEGATIVE
CHEST X-RAY <small>(Required if skin test positive)</small>	FILM DATE	IMPRESSION		
	D D M M Y Y	NORMAL	ABNORMAL	

MEDICAL HISTORY AND CURRENT MEDICAL PROBLEMS

LIST ANY SERIOUS ILLNESSES, MEDICAL CONDITIONS, ALLERGIES, ACCIDENTS, OPERATIONS, NUTRITIONAL, MENTAL OR EMOTIONAL PROBLEMS AND/OR HANDICAPPING CONDITIONS:

DOES THE STUDENT HAVE A MEDICAL CONDITION THAT REQUIRES CONTINUOUS MEDICAL CARE?	YES	NO	
IS THE CHILD TAKING PRESCRIBED MEDICATION REGULARLY?	YES	NO	
IS THE CHILD USING A MEDICAL DEVICE?	YES	NO	
DOES THE CHILD HAVE ALLERGIES?	YES	NO	PLEASE EXPLAIN
			TYPE OF REACTION
IF YES ANY ITEM ABOVE, PLEASE DESCRIBE			

AUTHORIZATION

PERMISSION IS GRANTED FOR

TYLENOL OR IBUPROFEN	YES	NO
TREATMENT OF ILLNESS	YES	NO
EMERGENCY CARE	YES	NO

PARENT SIGNATURE

AUTHORIZATIONS

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATION IN ALL "AWAY FROM SCHOOL" FIELD TRIP ACTIVITIES THAT ARE SUPERVISED BY THE SCHOOL:

SIGNATURE OF GUARDIAN

DATE

I AGREE TO REIMBURSE THE SCHOOL FOR ANY ISSUED TEXTBOOKS, LIBRARY BOOKS AND OTHER SCHOOL PROPERTY LOST OR DAMAGED BY MY CHILD.

SIGNATURE OF GUARDIAN

DATE

I AGREE TO LET KKFS RELEASE THE FOLLOWING INFORMATION TO THE PARENT TEACHER ORGANIZATION :
MY NAME, MY SPOUSE'S NAME, MY CHILD'S NAME, MY CHILD'S CLASS, MY HOME PHONE NUMBER, MINE AND MY SPOUSE'S HAND PHONE NUMBERS, AND MINE AND MY SPOUSE'S EMAIL ADDRESSES.

SIGNATURE OF GUARDIAN

DATE

HOW WERE YOU REFERRED TO KOREA KENT FOREIGN SCHOOL?

KKFS PARENT/FRIEND	<input type="checkbox"/>
EMPLOYER	<input type="checkbox"/>
INTERNET/WEBSITE	<input type="checkbox"/>
RELOCATION AGENCY	<input type="checkbox"/>
ADVERTISEMENT	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

KOREA KENT FOREIGN SCHOOL

619-30 GUI DONG, KWANG JIN GU, SEOUL, KOREA 143-200

TEL. 82-2-2201-7091~2 FAX 82-2-2201-7090

WEBSITE. www.kkfs.org E-MAIL. kkfs@kkfs.org

