

# Yongsan International School of Seoul

Accredited by:  
Association of Christian Schools International (ACSI)  
Western Association of Schools and Colleges (WASC)  
Registered with the Seoul Metropolitan Office of Education (SMOE)

## Application for 2009-2010 School Year

San 10-213, Hannam 2 dong, Yongsan gu, Seoul, Republic of Korea 140-210  
Tel: 82-2-797-5104 Fax: 82-2-797-5129  
www.yisseoul.org



**New Applicant**



**Re-enrolling Applicant**

**Student's name:** \_\_\_\_\_

**Grade applying for:** \_\_\_\_\_ **(K5 -12<sup>th</sup>)** **Date of birth:** \_\_\_\_\_

**Sibling(s) applying also:**    **yes**    **no**    **If yes, what grade(s)?** \_\_\_\_\_

**Preferred contact phone number:** \_\_\_\_\_

**Preferred email address:** \_\_\_\_\_

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## Directions

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### **New Applicant**

⊙ Please provide the documents listed below to the YISS Admissions Office:

- Completed application for admission
- Photocopy of passport title page for applicant, father, and mother
- Two recent passport size photos of applicant
- Copy of report cards from current and last two school years
- Copy of recent standardized test results (if available)
- Sealed teacher recommendation
- Medical and health information form, including immunization records
- Student questionnaire (6<sup>th</sup>-12<sup>th</sup> grade applicants)
- Additional documents as required by SMOE

If applicant or both parents have Korean passports a *Certificate of the Facts Concerning the Entry and Exit* must accompany the application

### **Re-enrolling Applicant**

⊙ Please provide the documents listed below to the YISS Elementary/Secondary Office:

- Completed application for re-enrollment
- Photocopy of passport title page for applicant, father, and mother
- Medical and health information form (returning students entering 3<sup>rd</sup>, 6<sup>th</sup>, or 9<sup>th</sup> grade)

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## Our Mission

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Yongsan International School of Seoul is a community of students, parents, and Christian educators working together to instill in each student a passion for truth, a commitment to excellence, and an appreciation for diversity.

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## Our Core Values

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*TRUTH  
EXCELLENCE  
DIVERSITY*

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## Our Options

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Network of International  
Christian Schools



Our NICS classrooms include spiritual formation through daily Bible classes and weekly chapels.

Two-thirds of our total available seats.

NICS

Signature \_\_\_\_\_

Our Oasis classrooms include character formation through daily character education classes and weekly assemblies.

One-third of our total available seats.

OASIS

Signature \_\_\_\_\_

In the Elementary School, NICS and Oasis sections are self-contained.  
In the Middle School, NICS and Oasis sections are partially integrated.  
In the High School, NICS and Oasis sections are fully integrated.

*K5 does not offer the OASIS option.*

**All extracurricular activities at all levels are fully integrated.**

All YISS educators and staff share a Christian philosophy of education.

Please print in ENGLISH

**STUDENT INFORMATION**

**Student's Legal Name:** \_\_\_\_\_  
Family Name Given Name Middle Name

**Preferred Name for Classroom:** \_\_\_\_\_ **Anticipated Enrollment:** \_\_\_\_\_  
Month/Day/Year

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Male / Female**  
Month Day Year (Please circle)

**Place of Birth:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State/Province Country

**Nationality:** \_\_\_\_\_ **Passport #:** \_\_\_\_\_ **Date of Expiration:** \_\_\_\_\_  
(as shown on passport)

**Residence Card #:** \_\_\_\_\_ **Date of Expiration:** \_\_\_\_\_

**Language(s) Spoken at Home:** \_\_\_\_\_

**Student's Strongest Language:** \_\_\_\_\_

**PARENT INFORMATION**

**Father's Name:** \_\_\_\_\_  
Family Name Given Name Middle Name

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Passport #:** \_\_\_\_\_

**Highest Degree Attained: Doctorate / Masters / Bachelors / HS** **English Fluency: Good / Limited / None**  
(Please circle) (Please circle)

**Mother's Name:** \_\_\_\_\_  
Family Name Given Name Middle Name

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Passport #:** \_\_\_\_\_

**Highest Degree Attained: Doctorate / Masters / Bachelors / HS** **English Fluency: Good / Limited / None**  
(Please circle) (Please circle)

**Marital Status: Married** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Single Parent** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
(Name) (Phone Number) (Relationship to Applicant)

**Please note that this form must be submitted from students in all grade levels every year.**

**(To be completed by parents)**

Student: \_\_\_\_\_  
Family Name Given Name

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Sex (M F)

Please check Yes or No as it pertains to your child:

Yes No Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition / Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ ADHD (circle one)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	<input type="checkbox"/>	Seizures / Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease / Kidney Injury	<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Bone Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Allergy (food, medicine, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	

Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_  
 Allergy: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

If you answered 'yes' to any of the above questions, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medication or medical device that your child needs for conditions checked above (or other reason) and when taken: \_\_\_\_\_  
 \_\_\_\_\_

Does any condition affect or limit your child's full participation in physical education classes, sports, or school trips? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

**PERMISSION FOR GIVING MEDICATION FOR MINOR COMPLAINTS**

I give permission for my child to be given medicine at the nurse's discretion. Yes No

Tylenol (for minor aches, menstrual cramps, and headache)	<input type="checkbox"/>	<input type="checkbox"/>
Pepto Bismol (for nausea, diarrhea, stomach ache, and heartburn)	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl (for allergies)	<input type="checkbox"/>	<input type="checkbox"/>

**All boxes must be filled in**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT**

In the event that I cannot be reached in an emergency, I give permission for my child to receive medical treatment, including transport to the most accessible hospital, as deemed necessary by school authorities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this form must be submitted from students who are new to YISS and / or entering 3<sup>rd</sup>, 6<sup>th</sup> or 9<sup>th</sup> grade.

**Physician's Examination**

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Eyes: Vision R \_\_\_\_\_ Vision L \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

Please fill in accordingly: (o) Normal (X) Abnormal

Skin/Appearance	Neck
Scalp/Hair	Shoulder/Arm
Eyes/Ears/Nose/Throat	Elbow/Forearm
Lymph Nodes	Wrist/Hand
Heart	Hip/Thigh
Pulses	Knee
Lungs	Leg/Ankle
Abdomen	Foot
Nutrition	Genitalia (males only)
Back (Scoliosis check): + or -	
Menses	
<b>Additional Comments:</b>	

Physical Limitations:

Any restrictions to full participation in physical education classes?

Yes \_\_\_\_\_ No \_\_\_\_\_

Any restrictions to full participation in competitive athletic sports?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if yes:

\_\_\_\_\_

**Tuberculin Skin Test:**

Date \_\_\_\_\_ Result \_\_\_\_\_

A chest x-ray is required if the skin test is positive:

Date \_\_\_\_\_ Result \_\_\_\_\_

YISS requires evidence of immunization for the following (M/D/Y):

DTaP #1 \_\_\_\_\_ OPV #1 \_\_\_\_\_ MMR #1 \_\_\_\_\_  
 #2 \_\_\_\_\_ #2 \_\_\_\_\_ #2 \_\_\_\_\_  
 #3 \_\_\_\_\_ #3 \_\_\_\_\_ #3 \_\_\_\_\_  
 #4 \_\_\_\_\_ #4 \_\_\_\_\_ #4 \_\_\_\_\_  
 #5 \_\_\_\_\_ #5 \_\_\_\_\_ Td \_\_\_\_\_

I have seen evidence that these have been administered:

Yes \_\_\_\_\_ No \_\_\_\_\_

Please be strict on immunization. Students who have lost records must have one OPV, DT, MMR booster. Please administer appropriate immunization for incomplete records.

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Exam \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

This form is to be completed no earlier than one year prior to the date the student enters school.

**YONGSAN INTERNATIONAL SCHOOL OF SEOUL**  
**BUS BEHAVIOR FORM**

Any student who rides a Yongsan International School of Seoul bus **MUST** agree to follow these rules:

Initial



1. Students are to remain seated in their assigned seat, with the safety belt fastened, until the bus arrives at school or their stop. \_\_\_\_\_
2. Eating and drinking are not allowed on the bus. \_\_\_\_\_
3. Students are not to distract the driver in any way. \_\_\_\_\_
4. Throwing any item inside the bus or out the window is not allowed. \_\_\_\_\_
5. Students are not to extend anything (including hands, head or feet) out the window. \_\_\_\_\_
6. Students are not to use profanity, yell, or make obscene gestures to motorists, pedestrians, or each other. \_\_\_\_\_
7. The school's discipline policy applies to all students being transported on the school bus. \_\_\_\_\_
8. Students must be authorized to ride the school bus. \_\_\_\_\_

Please review these rules with your child and convey the necessity for complying with these rules. Students who break these rules will be reported to the office by either a bus driver or teacher and will be disciplined according to the following plan:

**Step 1** (First Visit to the Office) - The student's misbehavior will be communicated to the parents by a phone call and/or Rule Violation Form.

**Step 2** (Second Visit to the Office) - The student will be suspended from riding the bus for three consecutive school days.

**Step 3** (Third Visit to the Office) - The student will be suspended from riding the bus for the duration of the semester. The student **may** be allowed to ride the bus the following semester at which time the plan will begin with Step 1.

**Additional Notes:**

Elementary students who are bus riders will be expected to ride the bus home unless the office staff has received either a note or phone call from a parent **before** 1:00 P.M. on full days and 9:30 A.M. on early release days.

Initial



Yongsan International School of Seoul cannot allow students to switch buses for any reason or arrange for students to ride home with another student who rides a bus. \_\_\_\_\_

Parents are not allowed to ride the school bus with their children. \_\_\_\_\_

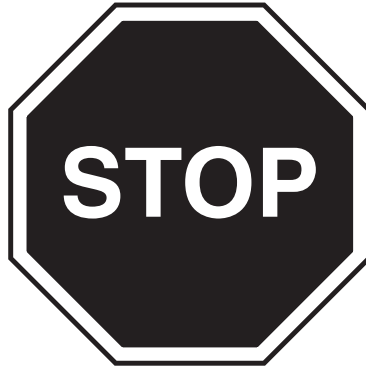
I have read and agree with the terms of the Yongsan International School of Seoul bus policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





**Re-enrolling applicants should stop here.**



**New applicants must complete the remaining pages.**



## STUDENT'S EDUCATIONAL BACKGROUND

**Please list the current and last two schools attended (must be complete):**

<b>1)</b>	Name of School	<b>Date:</b>	From	/	Until	/	Language of Instruction
	City, State/Province, Country				Grade(s) Attended		
<b>2)</b>	Name of School	<b>Date:</b>	From	/	Until	/	Language of Instruction
	City, State/Province, Country				Grade(s) Attended		
<b>3)</b>	Name of School	<b>Date:</b>	From	/	Until	/	Language of Instruction
	City, State/Province, Country				Grade(s) Attended		

**Has your child ever repeated a grade?**       **yes**       **no**      **If yes, which grade(s)?** \_\_\_\_\_

**Has your child ever skipped a grade?**       **yes**       **no**      **If yes, which grade(s)?** \_\_\_\_\_

**Has your child participated in an ESL/EFL program?**       **yes**       **no**      **If yes, which grade(s)?** \_\_\_\_\_

**Has your child ever experienced social, emotional, or behavioral difficulties?**       **yes**       **no**

**Has your child ever been suspended or expelled from school?**       **yes**       **no**

**Has your child been evaluated for a learning disability?**       **yes**       **no**

**Has your child ever participated in tutoring outside of school?**       **yes**       **no**

**Has your child ever participated in any of the following:**

**An accelerated program**       **IB program**       **Speech therapy**       **IEP or 504 plan**

**A gifted program**       **PYP program**       **AP program**

**Other specialized program** \_\_\_\_\_

**If you answered 'yes' to any of the above questions, please explain:** \_\_\_\_\_

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**I, the undersigned, confirm that the information provided is as accurate as possible.**

**I understand that no answer will automatically disqualify an applicant and that these questions are asked so the school can better meet the needs of each individual student.**

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**Parent/Guardian Signature**

**Date**

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

Country in which student most recently attended school: \_\_\_\_\_

Public \_\_\_\_\_ Private \_\_\_\_\_ International \_\_\_\_\_ Other \_\_\_\_\_ Please describe \_\_\_\_\_

Month the school year begins: \_\_\_\_\_ Month the school year ends: \_\_\_\_\_

Number of hours per school day: \_\_\_\_\_ Number of years in Pre-School: \_\_\_\_\_

Number of years in Kindergarten: \_\_\_\_\_ Age to enter First Grade: \_\_\_\_\_

Number of years in Elementary/ Primary School: \_\_\_\_\_

Number of years in Middle School: \_\_\_\_\_ Number of years in High School: \_\_\_\_\_

Anticipated age of graduation from High School: \_\_\_\_\_

**FAMILY INFORMATION**

Religious Affiliation: \_\_\_\_\_ Active?  yes  no

Siblings: \_\_\_\_\_ **yes / no**

Name	Grade/Age	Current School	Applying to YISS
_____	_____	_____	<b>yes / no</b>
_____	_____	_____	<b>yes / no</b>
_____	_____	_____	Applying to YISS

How will the student normally depart from school?

- School Bus       Walk       Private Car/Bus       Public Transportation

Other (Please List) \_\_\_\_\_

Changes in weather conditions or threat of civil disturbances may necessitate early bus departure; therefore, I authorize the school to (please check one):

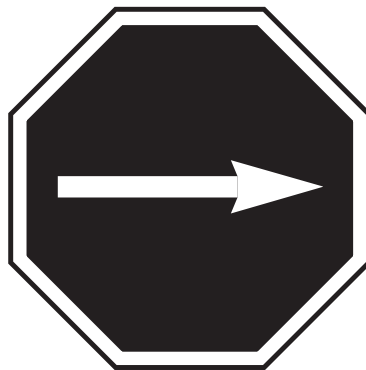
- Send my student home on the school bus early  
 Have my student remain at the school until I arrive

How were you referred to Yongsan International School?

- YISS Parent/Friend       Internet/Website       Advertisement  
 Employer       Relocation Agency       Other \_\_\_\_\_



**New applicants for grade 6 to 12 should continue to complete page 15.**



**New applicants for grade K5 to 5 should stop here.**





Network of International  
Christian Schools



A member of  
Network of International Christian Schools and OASIS International Schools