

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 2010-2011 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



Re-enrolling Applicant



New Applicant

Student's name: _____

Grade applying for: _____ (K5 -12th) **Date of birth:** _____

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

Preferred contact phone number: _____

Preferred email address: _____

Directions

Re-enrolling Applicant

- Please provide the documents listed below to the respective YISS (ES/MS/HS) Office:
 - Completed application for re-enrollment
 - Photocopy of passport title page for applicant, father, and mother
 - Medical and health information form (returning students entering 3rd, 6th, or 9th grade)

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
 - Copy of applicant's birth certificate
 - 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)
 - Teacher recommendation (in a sealed envelope or sent directly from teacher to YISS)
 - Medical and health information form, including immunization records (p.5 and 6)
 - Student questionnaire (6th -12th grade applicants)

Please check the eligibility category under which the applicant is applying and provide the additional documents required:

Choose one of the following:

- Parent (one or both) holds a non-Korean passport**
 - Copy of foreign registration card for parent(s) and applicant
 - Signed Statement of Holding non-Korean Nationality (see below)
 - Korean Family Registry, if applicable
- Applicant's parents are Korean citizens and applicant has studied outside of Korea for a minimum of three years (1095 days)**
 - Certificate of the Facts Concerning the Entry and Exit, for the applicant, issued by the Seoul Immigration Office
- Transfer from another international school within Korea under past eligibility**
 - Letter from school stating that the applicant was enrolled prior to February 6, 2009 and starting what eligibility requirements were met

Statement of Holding Non-Korean Nationality

For those applying under the first eligibility category

I confirm that, as the parent(s) of the following applicant, I/we do not hold Korean citizenship. If it is found that the parent(s) hold dual nationality, one being that of the Republic of Korea, the student will immediately be withdrawn from school.

Name of Applicant : _____ Grade : _____

Name of Parent : _____

Signature of Parent : _____ Date : _____

Our Mission

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.

Our Core Values

TRUTH
EXCELLENCE
DIVERSITY

Our Options



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.
Kindergarten 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: _____ (as shown on passport) Passport #: _____ Date of Expiration: _____

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: _____

Employer/Company Name: _____ 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: _____

Employer/Company Name: _____ 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)

Student will live with: Parent(s) Legal Guardian Other _____

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: _____ Gender (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, stomachache, 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 3rd, 6th or 9th grade.

Physician's Examination

(Must be completed by a Medical Doctor)

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	
Additional Comments:	

Physical Limitations:

Any restrictions to full participation in physical education classes?

Yes _____ No _____

Any restrictions to full participation in competitive athletic sports?

Yes _____ No _____

If yes, please explain:

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 (MD/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 _____

Other Waivers

I give my permission for (Student's Full Name) _____ to participate in officially sponsored Yongsan International School of Seoul activities while enrolled at YISS.

Waiver and Release. Yongsan International School of Seoul and its employees and agents (collectively, "Indemnitees"), are hereby released and forever discharged and held harmless from and against any and all liability, losses, damages, costs and expenses of any nature whatsoever awarded against, incurred or suffered by them, whether direct or consequential, present and future, known or unknown, in any manner arising out of the daily activities and / or field trips except in the instance of willful or gross neglect.

I further understand and agree that this release shall hold the Indemnitees who are engaged in the daily activities and / or field trips harmless from any and all liability relating to the Student for any and all injury or illness that may be suffered by the Student, and further, I agree to hold them harmless from any loss of property by the Student that may occur during the Activity / Activities except in the instance of willful or gross neglect.

In addition, I waive or will not hold YISS liable if my child is injured at school, at a school-sponsored activity or while being transported to and from the following:

- (a) YISS campus by contracted school bus or van.
- (b) Athletic or co-curricular event(s) by contracted bus or van.
- (c) Bus or train terminals by YISS van or automobile.

Medical Treatment. Yongsan International School of Seoul and its employees and agents are hereby released and forever discharged from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or other medical service rendered in connection with various daily activities and / or field trips. The parents and /or legal guardians do hereby authorize medical treatment be rendered as is deemed necessary by the faculty participating in the activity.

In the event of an emergency medical situation where I cannot be immediately contacted, I give my permission to have my child treated (possibly including local or general anesthesia) at the best facility determined by the attending YISS school sponsor.

Insurance. I fully acknowledge my understanding that Yongsan International School of Seoul maintains commercial insurance coverage for customary risks including comprehensive liability, property loss (school - owned property only), and fire, among others.

I understand that YISS DOES NOT maintain medical or accident insurance for students, parents, or guests, or for the theft or loss of personal property such as mobile phones and laptops and that parents are encouraged to arrange such insurance with one of the many carriers in South Korea.

Media. Photographs, video and voice recordings are occasionally taken during regular and special YISS activities to be used solely for the purposes of the school's promotional materials, publications, online portal, website, and archives. These purposes are a reasonably expected range of use of student images when enrolled in a school. I give permission for my child's photograph, video and voice recordings to be used for the above purposes and waive any rights of compensation or ownership thereto.

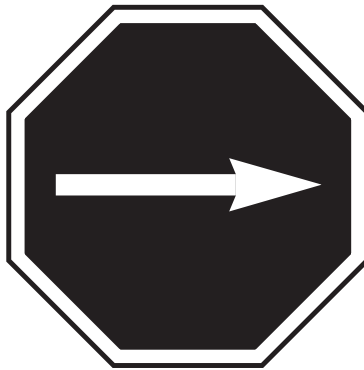
Parents / guardians who do NOT consent to the above paragraph may write a note in the space below stating their objection, and it will be honored.

Other. The student and the student's parents and / or legal guardians expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the Republic of Korea and the home country of such persons and shall be so interpreted by any court or other person who may be called upon to review its terms. The participant and the participant's parents and / or legal guardians agree that in the event that any clause or provision of this release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this release that shall continue to be enforceable.

I have read the above undertaking, fully understand its terms and have signed it freely without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this undertaking is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Parent/Guardian Signature _____ Date _____

**New applicants for Kindergarten to grade 5 should continue to page 14.
New applicants for grade 6 to 12 should continue to page 15.**



Re-enrolling applicants should stop here.

FAMILY INFORMATION

Religious Affiliation: _____

Siblings:			yes / no
	Name	Grade/Age	Applying to YISS
	Current School		
	Name	Grade/Age	Applying to YISS
	Current School		
	Name	Grade/Age	Applying to YISS
	Current School		

How will your child 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 child home on the school bus early.
- Have my child remain at the school until I arrive.

How were you referred to Yongsan International School of Seoul?

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

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: _____

PRIOR ENGLISH ASSESSMENT

Not for students who speak English as their first/native language

Student's Name: _____
Family Name Given Name

Nationality: _____

[Check all that apply to your child]

First/native language: _____ (Read Write Speak)

Other language(s): _____ (Read Write Speak)
_____ (Read Write Speak)

Has your child previously studied the English language? Yes No

If yes, how long? _____ **Years / Months**

What type of study (check all that apply):

- Home study Auditory study English speaking/international school
 English language institute Bi-lingual school

Has your child lived in an English speaking country? Yes No

If yes, where? _____

At what age? _____ **For how long?** _____ **Years / Months**

What goals do you have for your child in learning and/or studying English?

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

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

Student Information - Grade 6 to 12

Yongsan International School of Seoul

To Be Completed by the Student

We want to assist you in your move to Yongsan International School of Seoul and help you adjust as quickly as possible. Please answer the following questions as completely as you can. Your answers will help your counselor and the school to get to know you better.

Name _____ Grade applying for _____

What school were you previously attending? Where was it and how long were you there?

Is this your first move or have you attended schools in other locations before? Where?

How many students per grade were at your previous school?

What were your major activities? Please list any clubs, sports, or other activities and roughly how many hours per week you spent with each one.

What clubs, sports, or other activities do you hope to participate in this year? _____

What courses do you especially enjoy?

What course do you not like or find especially difficult?

On a scale from 1 to 10 how do you feel about your move to Seoul and/or to YISS (Please be honest 😊)?

I'm Upset

1 2 3 4 5 6 7 8 9 10

I'm Thrilled

What comments, questions or concerns do you have?

If you have an email account, please provide the address: _____



Network of International
Christian Schools



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