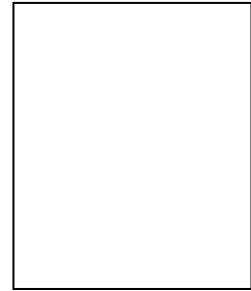


APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

- Admissions Application form
- Health Information Form /Copy of vaccination record/
- Recent passport size photos (1)
- Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp
- Copy of Parent's Passport or Alien Card Number
- Photocopy of the child's recent (past 2 years) school report
- Read through the "Parent-Student Handbook 2024-2025"
/It can be found on the school website or scan this QR code/
- School agreement with parents
- Enrollment fee /450 000₮/



Fee: Bank / Cash
Date: _____

I. Personal Information

*First Name:		*Last Name:		*Family Name:	
*Date of Birth: YYYY/MM/DD ____/____/____		*Male/ Female:		*Nationality:	
*Place of Birth:		*Student's Telephone Number:		*Student's Email Address:	
*Current Grade:	*Grade Applying for:	*Registration Number:	*Health book number:		

Applicant's First Language: English Mongolian Other _____

*Do you have a student that is also applying at the Secondary School? Yes No

Full name: _____ Grade: _____

Full name: _____ Grade: _____

*Other Siblings in Family

Full name: _____ School/College _____ DOB _____

Full name: _____ School/College _____ DOB _____

Full name: _____ School/College _____ DOB _____

II. Education Information

School(s) History				
#	Current School	Grade (From-To)	Date (From -To)	Contact
	Previous School (s) attended			

APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

Has the applicant:

- Yes No Been suspended or expelled from school?
If yes, please explain _____
- Yes No Repeated a grade? If yes, which grade? _____
- Yes No Skipped a grade? If yes, which grade? _____
- Yes, No Been put in any special programs at school? (Gifted, ESL, resource etc.)
If yes, please explain _____
- *Other information that may facilitate your child's success at ASU _____
- _____
- _____

Are there any

- Yes No Health or emotional factors (autistic spectrum, intermittent explosive disorder, Dyslexia, ADHD) for which the applicant has required special attention?
If yes, please explain.
- _____

III. Parents / Guardian Information

	Father	Mother
*First Name	_____	_____
*Last Name	_____	_____
*Nationality	_____	_____
*Date of Birth	_____	_____
*Home Address	_____ _____	_____ _____
*Home phone number	_____	_____
*Cell phone number	_____	_____
*Email address	_____	_____
*Workplace	_____	_____
Position	_____	_____
*First Language	_____	_____
Other Languages	_____	_____

APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

If you are a foreign family:

*How long have you been in Mongolia? _____ Years and/or _____ Months

*How long do you plan to live in Ulaanbaatar? _____ Years and/or _____ Months

Parents' Marital Status (Please check all that apply):

- Married
 Separated
 Divorced
 Single
 Mother Deceased
 Father Deceased

Student lives with:
 Mother and Father
 Mother only
 Father Only

Legal Guardian (Please complete the information below):

*Full Name: _____ *Cell Phone: _____

*Relation: _____ *Email: _____

*Home Address: _____

Additional Contact				
Please provide the contact of grandparents, relative, friend, etc. in case of parents cannot be contacted				
Relation	First Name	Last Name	Cell Phone	Home phone

I, the parent/ legal custodian of the student on the application form, declare that:

- I have read (and/or had explained to me), understand and accept the terms / conditions of enrollment in this application
- I understand and accept that the application fee is not refundable
- The information and supporting documents in this application are true and correct. In case of providing inaccurate information, the school has an authority to deny application.
- I will inform the school of any changes in the above information. I understand that if my child contracts an infectious disease or condition I will inform the school and withdraw my child until he/she is no longer infectious.

Parent/ Guardian's signature _____ Date: _____

APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

MEDICAL FORM

Student

First Name: _____ Last Name: _____

Date of Birth: _____ Grade: _____

Emergency contact

First Name: _____ Last Name: _____

Relation to student: _____ Email: _____

Mobile _____ Home _____

Please check any of the following conditions which currently affect your child:

- Diabetes Liver / Spleen Kidney/Bladder Orthopedic/Bone
- Vision problem Heart problem Eye glasses Depression/ Stress
- Hearing problems Blood disorder Seizures
- Asthma Severe Mild Caused by _____
- *Allergies to: _____
- Any medication _____

*(*Students requiring medication at school MUST have parent's written note)*

Please check if your child has had any of the following diseases:

- Chicken Pox Hepatitis Polio Tonsillitis
- Diphtheria Malaria Tuberculosis Rheumatic Fever
- Scarlet Fever Typhoid Fever German measles Mumps
- Smallpox Whooping Cough Covid Other

I have given the copy of the immunization record of my child with this application form.

School Use Only

- Accepted enrolment
- Denied enrolment

Interview/Test Schedule:

After test, Contacted: _____

Date: _____

Student services' use only:

Note: _____
