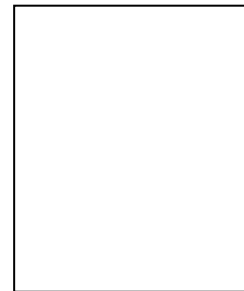


- Admissions Application form
- Health Information Form /Copy of vaccinations record/
- Recent passport size photos (1)
- Copy of Birth Certificate or Passport page with valid Mongolian Visa stamp
- Copy of Parent's Passport or Alien Card Number
- Photocopy of the child's recent (past 2 years) school report
- Read through the "Parent-Student Handbook 2024-2025"



/It can be found on the school website or please scan this QR/ pQR

- School agreement with parents
- Send filled up and stamped "New Student Transfer Form" to student service office /Please use page 6/
- Enrollment fee /550.000₮/

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:	

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 /teacher's email
	Previous School (s) attended			

# APPLICATION FORM 2024-2025

## SECONDARY SCHOOL (GRADE 6-12)

**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

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

**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

# APPLICATION FORM 2024-2025

## SECONDARY SCHOOL (GRADE 6-12)

**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: \_\_\_\_\_

<b>Additional Contact</b>				
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.
- I have read (and/or had explained to me), understand and accept new enrollment student's probation placement. /Page 5/ 6/

Parent/ Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FORM 2024-2025

## SECONDARY SCHOOL (GRADE 6-12)

### 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:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Liver / Spleen | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Orthopedic/Bone    |
| <input type="checkbox"/> Vision problem   | <input type="checkbox"/> Heart problem  | <input type="checkbox"/> Eye glasses    | <input type="checkbox"/> Depression/ Stress |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Seizures       |   |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Severe         | <input type="checkbox"/> Mild           | Caused by _____                             |
| <input type="checkbox"/> *Allergies to:   | _____                                   |   |   |
| <input type="checkbox"/> Any medication   | _____                                   |   |   |
- (\*Students requiring medication at school MUST have parent's written note)
- The copy of vaccination record is attached to the application

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Polio          | <input type="checkbox"/> Tonsillitis     |
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Malaria        | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Typhoid Fever  | <input type="checkbox"/> German measles | <input type="checkbox"/> Mumps           |
| <input type="checkbox"/> Smallpox      | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Covid-19       | <input type="checkbox"/> Other           |

## ASU Secondary School New Enrollment Probation Letter

Dear Parent(s),

Your child has \_\_\_\_\_ ( ) been approved for admission to ASU on academic/behavior probationary status for the following Semester. However, your child must show grade level academic progress for all Quarters. We will have a follow up meeting between parents and administration at the end of the next Quarter to assess your child's progress. Failure to reach any of the goals as specified below can result in your child being rejected from ASU for next school year.

The following conditions of this probation apply:

1. The student must show academic improvement in all core classes (English/Language Arts, Science, Social Studies, Math), and must not fail any courses.
2. The student must show effort in all classes as evidenced by class participation and homework completion.
3. The student must show improvement on the MAP assessment by the end of the semester.
4. The student must adhere to school requirements for regular attendance and punctuality.
5. The student must exhibit exemplary behavior while on the school campus or when involved in any school related activities.

The student's record will be reviewed periodically by administration.

Sincerely,



Tom Kauloku  
Principal

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

(Signatures indicate that the parent understands and agrees to the terms of this probation.)

**NEW STUDENT TRANSFER FORM**

Completion of this form will assist us in admission decisions regarding this student. **All information will be kept confidential.** Please email the completed form directly to [ss.studentservices@asu.edu.mn](mailto:ss.studentservices@asu.edu.mn) as applicable.

**Personal information of the student**

First Name	Last Name	Current Grade
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**Educator Information**

The form is completed by	School Principal <input type="checkbox"/>	Teacher <input type="checkbox"/>	Counselor <input type="checkbox"/>
Educator's name:		Signature:	
School Name		Contact Number	Date

Attendance Record:    Poor                          Good                          Excellent  
Punctuality:            Poor                          Good                          Excellent

Please explain any special contributions the student has made to the community, such as participating in extracurricular activities, student organizations or events.

--

If the grades do not reflect the student's academic success, please explain factors that interfered with his/her achievement.

--

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? If so, please explain.

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