



## Application for Admission

### For Office Use Only

Date of receiving this document: \_\_\_\_\_

Date of interview/testing: \_\_\_\_\_

Admitted date: \_\_\_\_\_

Sibling(s)' name(s): \_\_\_\_\_

Remarks:

**Applying for grade:** \_\_\_\_\_

**School year applying for:** \_\_\_\_\_ (for example 2020/2021)

**Is this your first application to Taoyuan American School?**  Yes  No

### STUDENT INFORMATION

Student Passport Name: \_\_\_\_\_

Chinese Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Gender:  Male  Female

Passport Number: \_\_\_\_\_

Passport Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Passport photo  
(2 inches)

### LANGUAGE

Applicant's Native Language

Second Language

Language(s) Spoken at Home

What was the first language your child learned to speak?

What language do you, the parents, use most often in your home?

Do you believe your child will need additional English language support?

Yes  No

Mother is comfortable:  speaking English  reading English

Father is comfortable:  speaking English  reading English



Ethnicity: (For statistic use only)

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> African   | <input type="checkbox"/> Indian             | <input type="checkbox"/> Middle Eastern   |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Japanese           | <input type="checkbox"/> Native American  |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Korean             | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Eurasian  | <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Others:          |

***APPLICANT'S SCHOOL HISTORY***

*Please enter the schools attended by your child during the last 3 years (including the current school)*

School Name	School Location (Country)	Language of Instruction	Dates Attended		Grades completed
			From	To	

***FAMILY INFORMATION***

*Father's information*

Name: \_\_\_\_\_  
 Chinese Name (if applicable): \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

*Mother's information*

Name: \_\_\_\_\_  
 Chinese Name (if applicable): \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

*Sibling's Information*

Name	Gender	Date of Birth (mm/dd/yyyy)	Current Grade	School Attended



**EMERGENCY CONTACT**

*Person other than parents to contact in case of emergency*

Name	Relationship	Contact Number

**ADDITIONAL SCHOOL INFORMATION**

*Complete documentation of previous educational assessment and support services received must be submitted upon request. Failure to disclose information may result in a denial of admission or dismissal from the school.*

Please check any support services your child has received in the course of his/her education.

Academic 學業

- English as a second/additional language program 英語加強課程
- Gifted and talented program 資優課程
- Remedial/learning support 補救教學/學習支援
- Inclusion services 融合教育(特殊教育)
- Has an Individualized Education Plan (IEP) or 504 Plan 個別化教育計畫(特殊教育)
- Other 其他:

Therapy 治療

- Occupational therapy 職能治療
- Physical therapy 物理治療
- Speech/language therapy 語言治療

Other 其他

- Behavior Intervention Plan (BIP) 行為管理
- Individual/Family Counseling 個人/家庭諮商
- \_\_\_\_\_

Please describe any checked boxes:

Do you believe your child needs further support or consideration from any of the above?

- YES    NO



Has your child ever been suspended or expelled?

YES  NO

Please provide any other information that you feel would assist us in partnering with you in the education of your child.

## ACKNOWLEDGEMENT

### Declaration and Signature

*I acknowledge that during the school calendar year my child must live with a parent, guardian, or an adult designated by a parent or guardian and that any designated adult must be approved by the school principal. I certify that the information I have provided is, to the best of my knowledge, accurate and complete. I acknowledge that failure to fully disclose or accurately represent student and family information may result in a denial of admission or dismissal from the school.*

YES

NO

\_\_\_\_\_  
Signature of Parent / Legal Guardian:

\_\_\_\_\_  
Date: