



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: