



APPLICATION FOR ENROLLMENT

ANTICIPATED STARTING DATE _____

THIS FORM MUST BE ACCOMPANIED BY:

1. One passport sized photograph
2. Report card of current and/or previous school year (or school Transcript)
3. Copy of Proof of residency for parent(s)/guardian(s) and student (e.g., resident card, passport, Jumin hyo/住民票)
4. Copy of current health insurance card
5. Document from physician stating that there are no major health problems prohibiting the child from participating regularly in school (**May be submitted before starting classes**)
6. Sign and submit Parent/ Legal Guardian Agreement

PLEASE **TYPE** ALL SECTIONS

1. STUDENT INFORMATION

First Name	Middle Name	Surname	Age	Gender M · F	Date of Birth (dd/mm/yy)
Nationality	Religion	Languages spoken at home			
Address			Telephone		
Email			Mobile		
Explain transportation to and from school					

2. PARENT/GUARDIAN INFORMATION

Please provide the following information on the persons legally responsible for the applicant.

A. Relationship to child: Mother/Father/Guardian

First Name	Middle Name	Surname	Nationality	Languages
Occupation		Employer		
Address			Home Telephone	
Email			Mobile	

B. Relationship to child: Mother/Father/Guardian

First Name	Middle Name	Surname	Nationality	Languages
Occupation		Employer		
Address			Home Telephone	
Email			Mobile	

3. ADDITIONAL EMERGENCY CONTACT INFORMATION

Please name an adult other than parents or guardian to be contacted if parents are unreachable.

Name	Mobile
Email	Relationship

4. ACADEMIC INFORMATION

Please list ALL schools that your child has previously attended beginning with the most recent school (include Kindergarten and Pre-school experiences).

Name of School	Country	Language of Instruction	Type of Curriculum	Year Attended (MM/YYYY)	Grade Level(S)
				to	
				to	
				to	
				to	
				to	

Please list any extracurricular activities in which your child has participated. If he/she has received any award or special recognition, please mention it.

5. STUDENT MEDICAL INFORMATION

Normal Body Temperature	Allergies	Other medical conditions
°C		
Name of Family Physician	Name of Clinic	Phone

Please state any other information that you feel may be important for the school to know about your child.

Liberty International School Parent/Guardian Agreement

STUDENT NAME _____

Last name

First name

Middle name

1. I understand that the filling out of this application does not guarantee acceptance into Liberty International School and Liberty International School reserves the right to accept or reject any student applying for admission.

2. I understand that upon acceptance of my child to Liberty International School, I am responsible for the fees and tuition for the **full year, unless** noted differently in the tuition contract I sign.

3. I understand that before the first day of attendance, fees and tuition must be paid in full or an Installment Payment Plan must be in effect.

4. **REFUND** – I understand that if the need arises to withdraw a student before the new school year begins, a refund of **annual fees and tuition** will be given. If a student must be withdrawn during the school year but before the second term begins, a refund of **tuition** for the second term will be given. In this case, the parent or guardian will need to notify the school in writing.
NOTE: In order to receive a refund, this notification must be received **before** the first day of classes for the specific term.

5. I understand that Liberty International School has the right to prohibit any student from participating in an activity if that student’s behavior negatively affects other students or classroom functions. Furthermore, I understand that the school may permanently disenroll a student for behavior that violates or conflicts with the mission and vision of the school. Furthermore, no refund of fees or tuition will be granted in this case.

6. I understand that Liberty International School has the right to assess the grade level and language level of each student in attendance.

7. I understand that photographs and videos of my child(ren) may be taken to be used in various formats (e.g., printed or digital media). I hereby grant Liberty International School permission to use, publish and reproduce for any legitimate purpose excerpts from printed or digital content, such as may be retrieved from written art works, essays, or school activities, etc. This media may be used for professional development and educational research. **Identifiable information will not be displayed.**

8. I voluntarily relinquish any claim against Liberty International School, its governing authorities, administrators, teachers, and volunteers, in the case of any accident my child(ren) may be involved in while at school, on any school outing or activity, and during transportation to and from school.

9. If a parent or legal guardian cannot be contacted in the event of an accident or injury to my child(ren), I authorize Liberty International School officials to take whatever action they deem to be necessary in order to assure the best health care for my child(ren).

10. I understand that Liberty International School provides children an equal opportunity for education. Things such as, but not limited to, nationality, race, color, gender, or religion will not be a factor prohibiting a student from attendance.

11. I understand that as a general rule, if I unenroll my student from Liberty International School and then later decide to return to the school, I will need to redo the application and pay the one-time fees again. In such situations, I understand that a space for my student is not guaranteed upon returning. Exceptions to this rule may be given at the discretion of the administration.

Signatures

Parent 1 /Legal Guardian _____

Date _____

Parent 2 /Legal Guardian _____

Date _____

OFFICE USE ONLY

Year	Starting Date	Bus	Agreement	Registrar sign	Date
Enroll ID	Textbook	Paid By	Office sign	Date	

ACCEPTANCE OF ENROLLMENT

The enrollment of _____ is accepted to commence classes on _____

Signed _____ Date _____

Operations Manager

Head of School

dd/mm/yy

SPECIAL CONDITION OF ENROLLMENT

This enrollment is accepted contingent on the following special conditions:

Signed _____ Date _____

Operations Manager

Head of School

dd/mm/yy