

AMERASIAN CHRISTIAN ACADEMY
KYONGGI-DO, DONGDUCHEON P.O. BOX 22, REPUBLIC OF KOREA
Te. 031-868-2589 / Fax: 031-868-0511 / amerasian@mac.com

REGISTRATION FORM 2009-2010

Name of Student _____ Male Female

Age _____ Date of Birth _____ Citizenship _____

Grade _____ Student's Passport # _____

School Last Attended _____

Grade Last Year _____

Will Ride School Van for 2009-2010 School Year: Yes No

Father's Name _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Address _____

Emergency Contact (Name) _____

Phone Number(s) _____

Is the child on any medication? _____

Does the child have any allergies? _____

In case of minor discomfort, I authorize the school to give my child:

Tylenol Aspirin Pepto Bismol for Stomach

Parent's Signature _____ Date _____

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For Office Use Only

Registration fee paid (Date: _____)

Transportation

Copy of a Passport

Immunization Record

School Record