



EtonHouse Prep
| Seoul |
&
EtonHouse Lodge
| Seoul |

REGISTRATION FORM

Dear Parent, please complete this form in full to begin the registration process for your child.

Date you wish to start: (Date/Month/Year) Date started: (office)

Pupil's first, middle and last name: Date of birth: (Date/Month/Year)

Resident Registration Number: Gender: M / F

NB: Please provide a copy of your child's identification card.

School Bus Service required: Yes / No / Maybe

NB: If applying for bus service, please request an application form from the office.

Pupil's sibling(s) information

Name: Age: M / F School:

Name Age: M / F School:

Parents' full names

Father: Nationality:

Mother: Nationality:

Address:

Home telephone number:

Mother's mobile: Father's mobile:

Mother's email: Father's email:

Name, address and contact details of person/company responsible for school fees (if different from parents.)

Mother's occupation, company name, telephone number:

Father's occupation, company name, telephone number:

NB: Please let us know if there are any changes to family details.

Previous School Information

Previous or Current Nursery / School (please enclose latest school report or name of person to contact.)

Dates attended from _____ to _____ (Month/Year)

Language of instruction: Korean / English / Other

Child's nationality

- Korean
 British
 Other* (please specify) _____
-

Child's first language:

Other languages:

(If English is not the first language, please indicate level of fluency and length of time studied.)

Level of fluency: Basic / Intermediate / Fluent

Length of time studied: _____ years _____ months

Additional comments about your child

Social Skills / Interests / Concerns / Additional Learning Needs:

Medical Information

Does your child have:

Any medical conditions the school should be aware of? (i.e. epilepsy, diabetes, asthmas, severe allergies, etc.)

Yes / No

NB: If yes, please provide a doctor's report.

Dietary Restrictions? Yes / No

NB: In case of food allergies, if the food has to be avoided, please provide a doctor's report.

Any specific learning difficulties? Yes / No

Has your child had these inoculations (please tick)?

BCG	<input type="checkbox"/> Yes <input type="checkbox"/> No	MMR	<input type="checkbox"/> Yes <input type="checkbox"/> No
DTP	<input type="checkbox"/> Yes <input type="checkbox"/> No	VARICELLA	<input type="checkbox"/> Yes <input type="checkbox"/> No
POLIO	<input type="checkbox"/> Yes <input type="checkbox"/> No	JAPANESE ENCEPHALITIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HEPATITIS B	<input type="checkbox"/> Yes <input type="checkbox"/> No

NB: Please provide your child's official vaccination records.

DECLARATION BY PARENT OF CHILD AT THE TIME OF REGISTRATION

- I/we understand that in case of withdrawal of our child, we will inform the school at least one term in advance.
- I/we will accept and abide by the school's policies and procedures. Copies of these are available on request.

Failure to give correct information will constitute a material breach of any agreement(s) entered into between the School and you in relation to the education of the applicant pupil entitling the School to terminate all and any such agreement(s).

Signed: _____

Date: _____