Taipei Adventist American School

2023-2024 Application Form				
The application is not complet	te until the school has received all the	SCHOOL USE ONLY		
following:		Student ID No :		
1. Application fee NT3,500 w	ith application form	Interview Date :		
2. Health record		ELL Test Date :		
3. Two recommendation letters from previous teachers		Enroll Date :		
(Please seal it and mail to us.)		☐ Application Fee		
4. Previous School Record (2 years)		☐ Health Record		
5. Student Passport Copy		☐ Recommendation Letter*2		
6. Parents Passport Copy		☐ School Report Card (2yrs)		
7. Student ARC Copy or Taiwan Passport Copy		☐ Student Passport Copy		
8. Two photos (Student ID card Used)		☐ Parents Passport Copy		
9. TAAS Student Handbook Information Acknowledgement Form		☐ ARC copy or Taiwan Passport Copy		
10. Internet Student Agreement		☐ Two Photos		
11. Photo/Videotape Release Form		☐ TAAS Handbook Form		
12. Electronic Device User Agreement		☐ Internet Student Agreement		
13. School Fee Refund Policy		☐ Photo/Videotape Release Form		
14. Home Language Survey		☐ Electronic Device User Agreement		
		School Fee Refund Policy		
tudent Information (Englis	sh Only)			
LAST NAME :	FIRST NAME:			
NICK NAME:	GRADE APPLYING FOR:			
LAST SCHOOL ATTENDED:	BIRTHDATE:	EST 1955		
NATIONALITY:	PASSPORT NUMBER:	-		
TAIWANESE ID NUMBER:	ARC NUMBER:			
ather Information (English	Only) Mother Informat	ion (English Only)		
NAME :	NAME:			

NAME :	NAME:	
CITIZENSHIP:	CITIZENSHIP:	
CELLPHONE NUMBER:	CELLPHONE NUMBER:	
EMAIL ADDRESS:	EMAIL ADDRESS:	
COMPANY NAME:	COMPANY NAME:	
WORK NUMBER:	WORK NUMBER:	
HOME NUMBER:		
HOME ADDRESS:		

NAME :	RELATIONSHIP:
CELL PHONE NUMBER:	HOME NUMBER:
amily Information (Please check appropriate	e blanks.)
MARRIAGE CONDITION: Married Divorced D	eceased Other
FINANCIAL CONTACT PERSON: Father Mother	Company
ACADEMIC CONTACT PERSON: Father Mother	Other
Service Information (Please check appropriate	te blanks.)
LUNCH SERVICE : □ No / □ Yes: Monday to Fri	day / □ Yes: Monday Only
SCHOOL BUS SERVICE: \square No / \square Yes: Round Trip / \square	Yes: One-way Morning / □ Yes: One-way Afternoon
Applicant's Background Has the applicant ever been diagnosed with a ser	ious disease? Please explain the circumstances.
	+
What protective measures should be done to pro	tect the applicant, when symptoms occur?
	EST 1955
 Has the applicant ever been suspended from scho circumstances. 	ool for disciplinary reasons? If yes, please explain the
Has the applicant ever been diagnosed with any r	nental health or developmental issues?
Has the applicant ever been diagnosed with a lea	rning disability or needed a specialized learning plan?
ailure to fully disclose or accurately represent student and famil	ontact my child's current school, if necessary. I acknowledge that y information may result in a denial of admission or dismissal from the best of my knowledge, accurate and complete. By signing this as outlined in the handbook.

Parent's Signature _____