

## Taipei Adventist American School 2022-2023 Application Form

The application is not complete until the school has received all the following:

1. Application fee NT.3000 with application form.
2. Health record
3. Two recommendation letter from previous teachers.  
(Please seal it and mail to us.)
4. Previous school record. (2 years)
5. Passport copy or ARC copy.
6. Two photos. (Student ID card Used)
7. TAAS Student Handbook Acknowledgement Page.
8. Internet and Security Agreement.
9. Photo/Videotape Release Form

### SCHOOL USE ONLY

Student ID No : \_\_\_\_\_

Interview Date : \_\_\_\_\_

ELL Test Date : \_\_\_\_\_

Enroll Date : \_\_\_\_\_

- Application Fee
- Health Record
- Recommendation letter\*2
- School Report Card (2yrs)
- Original Passport and 1 copy
- ARC copy
- Two Photos
- TAAS Handbook Form
- Internet Student Agreement
- Photo/Videotape Release Form

### Student Information (English Only)

LAST NAME :	FIRST NAME:
NICK NAME:	GRADE APPLYING FOR:
LAST SCHOOL ATTENDED:	BIRTHDATE:
NATIONALITY:	PASSPORT NUMBER:
TAIWANESE ID NUMBER:	ARC NUMBER:

### Father Information (English Only)

### Mother Information (English Only)

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

### Emergency Contact Information (Other than parents.)

NAME :	RELATIONSHIP:
CELL PHONE NUMBER:	HOME NUMBER:

### Family Information (Please check appropriate blanks.)

MARRIAGE CONDITION: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____
FINANCIAL CONTACT PERSON: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Company _____
ACADEMIC CONTACT PERSON: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____

### Service Information (Please check appropriate blanks.)

LUNCH SERVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monday Only
SCHOOL BUS SERVICE: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> One-way Morning <input type="checkbox"/> One-way Afternoon

### Applicant's Background

⊙ Has the applicant ever been diagnosed with a serious disease? Please explain the circumstances.


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⊙ What protective measures should be done to protect the applicant, when symptoms occur?


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⊙ Has the applicant ever been suspended from school for disciplinary reasons? If yes, please explain the circumstances.

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⊙ Has the applicant ever been diagnosed with any mental health or developmental issues?

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⊙ Has the applicant ever been diagnosed with a learning disability or needed a specialized learning plan?

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#### • ACKNOWLEDGMENT

By signing this form, I give my consent for TAAS personnel to contact my child's current school, if necessary. 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. I certify that the information I have provided is, to the best of my knowledge, accurate and complete. By signing this form, I also agree to follow the policies and procedures of TAAS as outlined in the handbook.

Parent's Signature \_\_\_\_\_