

**Taipei Adventist American School**  
**2026-2027 Application Form**

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

1. Application fee NT3,500 with application form
2. Health record
3. Two recommendation letters from previous teachers  
(Please seal it and mail to us.)
4. Previous School Record (2 years)
5. Student Passport Copy
6. Parents Passport Copy
7. Student ARC Copy or Taiwan Passport Copy
8. Two photos (Student ID card Used)
9. TAAS Student Handbook Information Acknowledgement Form
10. Internet Student Agreement
11. Photo/Videotape Release Form
12. Electronic Device User Agreement
13. School Fee Refund Policy
14. Home Language Survey

**SCHOOL USE ONLY**

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

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

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

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

Application Fee  
 Health Record  
 Recommendation Letter\*2  
 School Report Card (2yrs)  
 Student Passport Copy  
 Parents Passport Copy  
 ARC copy or Taiwan Passport Copy  
 Two Photos  
 TAAS Handbook Form  
 Internet Student Agreement  
 Photo/Videotape Release Form  
 Electronic Device User Agreement  
 School Fee Refund Policy  
 Home Language Survey

**Student Information (English Only)**



**EST 1955**

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

**Guardian #1 Information (English Only)**

**Guardian #2 Information (English Only)**

NAME :	NAME:
RELATIONSHIP to STUDENT:	RELATIONSHIP to STUDENT:
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:  Married  Divorced  Deceased  Other \_\_\_\_\_

FINANCIAL CONTACT PERSON:  Father  Mother  Company \_\_\_\_\_

ACADEMIC CONTACT PERSON:  Father  Mother  Other \_\_\_\_\_

DESIGNED CUSTODIANS AUTHORIZED for STUDENT PICK UP:  Father  Mother  Other \_\_\_\_\_

## Service Information (Please check appropriate blanks.)

SCHOOL LUNCH SERVICE:  No /  Yes: Monday to Friday /  Yes: Monday Only

BUS SERVICE:  No /  Yes: Round Trip /  Yes: One-way Morning /  Yes: One-way Afternoon

## Applicant's Background

① Has the applicant ever been diagnosed with a serious disease? Please explain the circumstances.



② What protective measures should be done to protect the applicant, when symptoms occur?

EST 1955

③ Has the applicant ever been suspended from school for disciplinary reasons? If yes, please explain the circumstances.

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④ Has the applicant ever been diagnosed with any mental health or developmental issues?

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⑤ 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 \_\_\_\_\_