

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)

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: <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 _____
DESIGNED CUSTODIANS AUTHORIZED for STUDENT PICK UP: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____

Service Information (Please check appropriate blanks.)

SCHOOL LUNCH SERVICE: <input type="checkbox"/> No / <input type="checkbox"/> Yes: Monday to Friday / <input type="checkbox"/> Yes: Monday Only
BUS SERVICE: <input type="checkbox"/> No / <input type="checkbox"/> Yes: Round Trip / <input type="checkbox"/> Yes: One-way Morning / <input type="checkbox"/> Yes: 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 _____