## Taipei Adventist American School 2022-2023 Application Form

The application is not complete until the school has received all the			SCHOOL USE ONLY	
following:	Student ID No :			
1. Application fee NT3,500 with 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 Cop	
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	
			Electronic Device User Agreement	
Student Information (Englis	h Only)		☐ School Fee Refund Policy	
LAST NAME :	FIRST NAME:			
NICK NAME:	GRADE APPLYING	G FOR:		
LAST SCHOOL ATTENDED:	BIRTHDATE:		ECT 40EE	
NATIONALITY:	PASSPORT NUM	BER:	EST 1955	
TAIWANESE ID NUMBER:	ARC NUMBER:			
Father Information (English	Only)	Mother Information	on (English Only)	
NAME :		NAME:	NAME:	
CITIZENSHIP:		CITIZENSHIP:		
CELLPHONE NUMBER:		CELLPHONE NUMBER:	CELLPHONE NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:	EMAIL ADDRESS:	
COMPANY NAME:		COMPANY NAME:		
WORK NUMBER:		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				
Service Information (Please check appropriate blanks.)				
LUNCH SERVICE:   Yes   No   Monday Only				
SCHOOL BUS SERVICE: □No □ Yes □ One-way Morning □One-way Afternoon				
Applicant's Background				
Has the applicant ever been diagnosed with a serious disease? Please explain the circumstances.				
What protective measures should be done to protect the applicant, when symptoms occur?				
	FST 1955			
Has the applicant ever been suspended from school for disciplinary reasons? If yes, please explain the				
circumstances.				
Has the applicant ever been diagnosed with any mental health or developmental issues?				
<ul> <li>Has the applicant ever been diagnosed with a learn</li> </ul>	rning disability or needed a specialized learning plan?			
• ACKNOWLEGMENT				
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 \_\_\_\_\_