

# EUCON INTERNATIONAL SCHOOL OF SAIPAN

## Registration Form

Date of Application \_\_\_\_\_ Grade Student is Entering \_\_\_\_\_ School Year 20\_\_ - 20\_\_

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Child's Present Address \_\_\_\_\_  
Village \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Citizenship \_\_\_\_\_ Ethnic Group \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_\_ Present Age \_\_\_\_ Child's SS# \_\_\_\_\_

### Child Lives With:

\_\_\_\_\_ Last Name Father's First name (or person having paternal authority) Mother's First Name (or person having maternal authority)

Address \_\_\_\_\_  
Village \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Nos. Home \_\_\_\_\_ Work \_\_\_\_\_  
Cellphone \_\_\_\_\_ Pager \_\_\_\_\_

Father Employed by: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mother Employed by: \_\_\_\_\_ Tel. No. \_\_\_\_\_

### Status of Natural Parents:

Father	Mother		Name of Legal Guardian if Other Than Parents
_____	_____	Living	
_____	_____	Deceased	
_____	_____	Living, Separated	_____
_____	_____	Living, Divorced	Name
_____	_____	Living, Divorced, Remarried	
_____	_____	Living, Widowed, Remarried	_____
_____	_____	Adoptive	Relationship
_____	_____	Foster	

Name and Telephone Number of adult to contact if parents cannot be reached in an emergency:

\_\_\_\_\_ Name Telephone No. \_\_\_\_\_

Brothers and Sisters			
Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last School Child Attended (Name & Address) \_\_\_\_\_

Reason for Selecting This School \_\_\_\_\_

Has child ever been retained in any grade? \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

Are you able to provide a copy of your child's recent report card? \_\_\_\_\_

How many days was child absent from school during the previous school year? \_\_\_\_\_

If child is enrolling in the current school year, how many days has the child been absent during this current school year? \_\_\_\_\_

If the child has been absent for more than fifteen (15) days, please explain. \_\_\_\_\_

Has child ever been placed in special classes because of any learning disabilities or handicaps, including mental, social, or emotional? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has child ever demonstrated any behavior problems in school? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has child ever been suspended or expelled from school? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**Health History:**

Please answer the following questions concerning child's health by writing "yes" or "no" in the blanks provided.

Glasses \_\_\_\_\_ Speech Problems \_\_\_\_\_

Contact Lens \_\_\_\_\_ Allergies \_\_\_\_\_ Please list \_\_\_\_\_

Hearing Problems \_\_\_\_\_ Diabetes \_\_\_\_\_

Partial Deafness \_\_\_\_\_ Medications \_\_\_\_\_ Please list \_\_\_\_\_

Hearing Aid \_\_\_\_\_ Visual Impairment \_\_\_\_\_

Asthma \_\_\_\_\_ Other \_\_\_\_\_ Please explain \_\_\_\_\_

Child's Physician \_\_\_\_\_

Name Address Telephone No.

In making application for my child, it is my desire to have him/her receive good quality education in a highly moral atmosphere. I absolve EUCON International School of any injury at school or during any school activity to me or my child.

I understand that my child's attendance, is a privilege and not a right; and that if any time his or her conduct or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate my child's enrollment.

If my child voluntarily withdraws from the school or is requested by the school to withdraw, I understand that no refund of registration fee will be made.

I have carefully read the school handbook, including the rules and regulations, dress and hair standards, and discipline policies. I will help and encourage my child to cooperate with all the standards outlined therein. I will also encourage my child to be diligent in all class work and homework. I will cooperate with the school and do my part to make this a rewarding and unforgettable year.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date