

**2019** **- 2020학년도 한국학교 등록 원서 (성인반)**

 **Application for Andrew Kim Korean School**

 **(Korean Language School for Adults) 2019-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 학생 이름 Student Name | 한글Korean |  | 생년월일Birth Date |  |
| 영어English |  | 성별Gender |   |
| Phone Number |  | e-mail |  |
| 비상시 연락처 Emergency Contact | 이름Name |  | 전화번호Phone Number |  |
|  한국어 능력Korean Language Ability |  | 전혀 못합Nothing | 못함Poor | 보통Average | 잘함Good |
| 말하기Speaking |  |  |  |  |
| 듣기Listening |  |  |  |  |
| 쓰기Writing |  |  |  |  |
| 읽기Reading |  |  |  |  |
| I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me by Andrew Kim Korean School staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.(Please check one of the options below.)\_\_\_\_\_\_ Yes, I give my consent.\_\_\_\_\_\_ No, I do not give my consent.Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Office use*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 구 분Division | 등록비Registration | 교재비Textbook | 지불방법Payment Method | 현금Cash | $ |
| $160.00(Reregistration: $150.00) | $30 | 수표번호Check No. | # |
| 접수자Receivers |  | 접수일시The Date of Receipt |  / / 201 |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuition Refund | Semester (18-20 weeks) | Tuition Refund | Semester (18-20 weeks) | A student must inform the school if he/she is not coming back to receive refund. Text books are not refundable if shrink-wrap is open |
| 100% | After the first week of classes | 80% | After the second week of classes |
| 50% | After the third week of classes | 0% | After the fourth week of classes |

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St. Andrew Kim Korean Catholic Church of Atlanta

**Andrew Kim Korean School** (Korean Language School for Adults)

Annual Medical Release

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport myself to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are unable to reach parent/guardian or the emergency contact person, I hereby give permission for the doctor and hospital to exercise professional judgment in treating participant.

 Medical *I* Hospital Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:

 Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant permission for non-prescription medications to be given, if deemed appropriate. Drug allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies *I* reactions (food, plants, insects, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other health problems *I* limitations that we need to be aware\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (This Medical Release is good for the period of one year; beginning 8/03/2019 and ending 5/31/2020)