







# APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

**If you are a foreign family:**

\*How long have you been in Mongolia? \_\_\_\_\_ Years and/or \_\_\_\_\_ Months

\*How long do you plan to live in Ulaanbaatar? \_\_\_\_\_ Years and/or \_\_\_\_\_ Months

(Please check all that apply):



# APPLICATION FORM 2024-2025

## ELEMENTARY SCHOOL (KG-GRADE 5)

### MEDICAL FORM

Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_

Please check any of the following conditions which currently affect your child:

- |                  |                |                |                    |
|------------------|----------------|----------------|--------------------|
| Diabetes         | Liver / Spleen | Kidney/Bladder | Orthopedic/Bone    |
| Vision problem   | Heart problem  | Eye glasses    | Depression/ Stress |
| Hearing problems | Blood disorder | Seizures       |                    |
| Asthma           | Severe         | Mild           | Caused by          |

\*Allergies to: \_\_\_\_\_

Any medication

Please check if your child has had any of the following diseases:

- |               |                |                |                 |
|---------------|----------------|----------------|-----------------|
| Chicken Pox   | Hepatitis      | Polio          | Tonsillitis     |
| Diphtheria    | Malaria        | Tuberculosis   | Rheumatic Fever |
| Scarlet Fever | Typhoid Fever  | German measles | Mumps           |
| Smallpox      | Whooping Cough | Covid          | Other           |

I have given the copy of the immunization record of my child with this application form.

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**School Use Only**

Accepted enrolment

Denied enrolment

After test, Contacted: