입학원서 APPLICATION FORM

학생 #	이름(Name)		학교이름 SchoolName	학년 Grade	New	성별 Gender	생년월일 Birth Date (mm/dd/yy)	출생지 Birth Place	나이 Age	OFFICE USE 반배정
	Korean	English								
1st					☐	M/F	/ /	Korea/USA		
2nd					☐	M/F	/ /	Korea/USA		
3rd					☐	M/F	/ /	Korea/USA		
4th					☐	M/F	/ /	Korea/USA		

과목/ Class	시간/ Time	등록금/ Tuition	소계 Sub Total
한국어/Korean **(Pre – Adult)**	토(Sat.): 9:00–12:00 Noon	1st Child $240, 2nd 3rd $200, 4th $150, Parents $100	
유아미술/Art **(Pre – K)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Art only $120 x ( )	
초등미술/Art **(1st–5th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Art only $120 x ( )	
종이접기/Jong-ie Jopgi**(1st–5th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Jong-ie Jopgi only $120 x ( )	
붓글씨/ Calligraphy (**4th – Adult**)	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Calligraphy only $120 x ( )	
동화구연/ Storytelling **(1st - 3rd)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Storytelling only $120 x ( )	
코딩반/ Coding(**1st–6th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Coding only $120 x ( )	
감각 놀이반/ Sensorial Activity **(Pre – K)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Sensorial Activity only $120 x ( )	
태권도/ TaeKwonDo**(1st – 8th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / TaeKwonDo only $120 x ( )	
검도/GeomDo **(1st – 12th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / GeomDo only $120 x ( )	
STEAM **(3rd – 8th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / STEAM only $120 x ( )	
SAT Math **(6th – 12th)**	토(Sat.): 12:10 –1:00 PM	With Korean $90 x ( ) / Sat Math only $120 x ( )	
** Please make your check **payable to USBKS** (United Seattle-Bellevue Korean School) There will be a $20 charge for each returned check.	교재비/Pre K, K Text Book	$ 15 x ( )	
	재료비/Materials Fee (Art, Jong-ie Jopgi, Sensorial Activity, STEAM)	$ 15 x ( )	
	기부금 Donation	$ 10 x ( ), $ 30 x ( ), $ 50 x ( ), $ 100 x ( )	
	PTA Fee	Each $ 15 Only for Korean classes $15 x ( )	
	합계/ Total	$	
	Check #		

연락처/CONTACT INFORMATION

Parent/Guardian: _____ Relationship to Student:_____

Best Contact Phone:_____Secondary:_____

Email:_____ (Teacher communication and newsletter purpose only)

Address: _____

City _____ State _____ ZIP _____

If not available in an emergency, notify:

Name:_____ Relationship:_____ Phone:_____

이번 페이지는 학교의 안전 관리를 위한 부모님 동의 사항입니다. 각 학생마다 한 장씩 제출하여 주시기 바랍니다 / This page includes all official document. Parents and or guardians must sign on behalf of their child. Each individual child must have each form filled out for them.

학생이름/Student's Name: 한글(Korean): _____ English: _____

전화/ Phone: _____ Class: _____

응급의료사항위임/MEDICAL AUTHORIZATIONS (MUST BE COMPLETED TO PARTICIPATE)

긴급한 의료상황에서 본인과 연락이 불가능할시에 제자녀의 안전을 위한 모든 권한을 학교에 위임하고 필요로하는 의사의 적절한 시술을 허락합니다.

Parent/Guardian Authorization: This participant's health history is correct and complete as far as I know and the person here in described has permission to engage in all activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school to secure and administer treatment, including hospitalization, for the student.

_____ _____

부모/ 보호자이름, 서명(Parent/Guardian's Printed Name, Signature) 날짜(Date)

학생의특이체질이나병력/Special Medical Conditions (allergies, diabetes, etc)

_____

부모님책임/PARENT RESPONSIBILITIES

본인은이학생의부모/보호자로서시애틀통합한국학교에등록을원하며, 의무를성실히이행할것을서약합니다. I would like to register my child at the United Seattle Korean School and promise to positively support the school's academic and extra curricula activities.

*Would you like to sign up for volunteering opportunities? ☐ Yes ☐ No

_____ _____

부모/ 보호자이름, 서명(Parent/Guardian's Printed Name, Signature) 날짜(Date)

법적책임해제확인/ Liabilities Release Confirmation

본교의 교사들은 자녀의 안전을 위해 최선을 다할것입니다. 그러나 학사 일정중에 일어나는 어떠한사고에 대해서도 학교당국은 책임질 수 없습니다. 본인은 부모/보호자로서 학교당국의 법적책임에 대한 조건에 동의하며 이에 입학원서를 제출합니다.

The staff of this school will do their best to assure all possible safety measures for your children while in school. However, the school will not assume any liability incurring during the school period. I read this condition and I waive my rights to take any legal action against this school and/or its staff.

_____ _____

부모/ 보호자이름, 서명(Parent/Guardian's Printed Name, Signature) 날짜(Date)

PHOTO/VIDEO

본인은자녀의사진및비디오촬영과공공의목적을위한사용을허락합니다.

I give permission for my child to be photographed / filmed, and permit the school to publicly release this footage.

_____ _____

부모/ 보호자이름, 서명(Parent/Guardian's Printed Name, Signature) 날짜(Date)