



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):



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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.

School Use Only

Accepted enrolment

Denied enrolment

After test, Contacted: