**Application**

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| STUDENT INFORMATION | | | | | | |
| Picture | **Name** | | | | | |
| **Nationality** | | | **I.D. No.** | | |
| **Sex**  \_\_\_\_\_\_ Male  \_\_\_\_\_\_ Female | | **Age** | | | **Birth date** |
| Level of English  \_\_\_\_\_\_ Fluent \_\_\_\_\_\_ Intermediate \_\_\_\_\_\_ Beginner | | | | | | |
| Address | | | | | | |
| PARENT INFORMATION | | | | | | |
| Father/Stepfather/Guardian’s name | | | | | | |
| Nationality | | **Occupation** | | | **Korean Service** | |
| Address (if different from student) | | | | | | |
| Home phone | | | **Work Phone** | | | |
| Cell Phone | | | **E-Mail** | | | |
| Mother/Stepmother/Guardian’s name | | | | | | |
| Nationality | | **Occupation** | | | **Korean Service** | |
| Address (if different from student) | | | | | | |
| Home phone | | | **Work Phone** | | | |
| Cell Phone | | | **E-Mail** | | | |

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| Please Provide details if the student has had any allergies. |
| Please provide details if the student had any major illness. |
| Religious Background |

**Authorization**

I/We understand that whilst **the P.O.D.O Club** will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/We authorize **the P.O.D.O Club** to seek medical advice and treatment for the student if **the P.O.D.O Club** believes there to be an emergency.

I/We also hereby authorize/do not authorize **the P.O.D.O Club** to give the student minor medications (e.g. paracetamol tablets) if deemed necessary by **the P.O.D.O Club**.

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| Memo (Office Use Only) |

**Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**