

CMIS Canada

Autonomous Schooling Cooperative

Songdo Peninsula Institute

CANADA CMIS Co.,Ltd.
#B1076, IGC Support Center
SongdoMunhwa-ro 119
Yeonsu-gu, Incheon, Rep. of Korea 21985
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Registration Form



Photo

Student Registration Form

STUDENT INFORMATION

(Korean 한글)

Student's Legal Last Name: _____ Student's Legal First Name: _____
(Please Print 성) (Please Print 이름)

(English 영문) * 여권에 표기되어 있는 이름

Student's Legal Last Name: _____ Student's Legal First Name: _____
(Please Print 성) (Please Print 이름)

Name your child is usually called (영어 이름): _____

Gender (성 성): Male: _____ Female: _____ Religion (종교): _____

Birth date (생년월일): _____ Social Security No: _____
(month) (day) (year) (주민등록번호)

Address (주소): _____
(Physical Address i.e. Street Number & Name) (Town/City) (Postal Code)

(Mailing Address i.e. R.R.# or Box #) (Town/City) (Postal Code)

Home Phone No.: _____

(집 전화)

Student Email Address: _____ Student Cell Phone No.: _____
(학생 이메일 주소) (학생 핸드폰)

Student is Registering for: _____
(지원 Grade)

해외 체류 경험

해외 연수 경험

Experience abroad #1: Lived abroad (country _____)
for ___ mo(s)(달) ___ yr(s)(년)

Language training (country _____)
for ___ wk(s)(주) ___ mo(s)(달) ___ yr(s)(년)

#2: Lived abroad (country _____)
for ___ mo(s) ___ yr(s)

Language training (country _____)
for ___ wk(s) ___ mo(s) ___ yr(s)

#3: Lived abroad (country _____)
for ___ mo(s) ___ yr(s)

Language training (country _____)
for ___ wk(s) ___ mo(s) ___ yr(s)

Where are you hoping to send your child in the future for the college education? (대학진학 희망지역)

Canada America England Korea Korea(Songdo) Other

PARENT/GUARDIAN INFORMATION 부모/ 보호자 정보

Student lives with: _____
(Mother/Father/Step-Mother/Step-Father/Legal Guardian/Foster Parents)

Father/ Guardian Name: _____
(부 父 / 보호자 1) (Last Name 성) (First Name 이름)

Home Phone No.: _____
(집)

Social Security No.: _____ - _____
(주민등록번호)

Cell Phone No.: _____
(핸드폰)

Occupation: _____
(직업)

Business Phone: _____
(직장)

Place of Employment: _____
(직장명)

Email Address: _____
(이메일)

Mother/ Guardian Name: _____
(모 母 / 보호자 2) (Last Name 성) (First Name 이름)

Home Phone No.: _____
(집)

Social Security No.: _____ - _____
(주민등록번호)

Cell Phone No.: _____
(핸드폰)

Occupation: _____
(직업)

Business Phone: _____
(직장)

Place of Employment: _____
(직장명)

Email Address: _____
(이메일)

SIBLING INFORMATION 가족관계

Brothers and sisters in order of age/ age (형제자매/ 나이, 나이 순으로)	M/F (성 性)	Social Security No. (주민등록번호)	Date of Birth (생년월일 yr/mo/d)	Grade/ University/etc (학년/ 직장 등)

CUSTODY INFORMATION

(법적으로 자녀의 친권 문제가 있는 부모님께서만 작성해 주십시오.)

Who has legal custody of child? _____
(For the protection of your child, if there are any custody restrictions, please provide legal documentation. A copy of legal documentation must be on file at the office.)

If a child is a ward of Child and Family Services, please provide the following information:

Agency Name _____

Case Worker: _____ Phone No.: _____ Fax No.: _____

Address: _____
(Street Number & Name) (Town/City) (Postal Code)

EMERGENCY INFORMATION

(부모 외에 가까운 친척이나 이웃의 연락처를 써주세요.)

In case of emergency, when the parent/guardian cannot be reached, the emergency contacts are:

* 부모님과 연락이 되지 않을 시 중요한 사항이니 꼭 기재해 주시기 바랍니다.

Contact#1:

(Name 이름) (Relationship to student 관계) (Home Phone 집) (Cell Phone 핸드폰)

Contact#2:

(Name 이름) (Relationship to student 관계) (Home Phone 집) (Cell Phone 핸드폰)

Should your child become seriously ill or injured at the institute, or while on a related activity, educational personnel will make every effort to notify you and to ask for your instructions.

If you cannot be contacted or if the seriousness of the illness or injury does not permit delay, educational personnel will arrange to transfer your child (by car or ambulance as deemed appropriate) to the nearest medical facility for emergency treatment.

PREVIOUS SCHOOL INFORMATION (전 학교 정보)

Please provide a copy of school report card from the previous school.

School Name #1: _____ Address: _____
(학교명) (주소)

Phone No.: _____ Period: _____ (yr.) (mo) ~ (yr.) (mo)
(전화번호) (재학기간) 년 월 년 월

School Name #2: _____ Address: _____
(학교명) (주소)

Phone No.: _____ Period: _____ (yr.) (mo) ~ (yr.) (mo)
(전화번호) (재학기간) 년 월 년 월

School Name #3: _____ Address: _____
(학교명) (주소)

Phone No.: _____ Period: _____ (yr.) (mo) ~ (yr.) (mo)
(전화번호) (재학기간) 년 월 년 월

MISCELLANEOUS INFORMATION

Awards received (상)	Hobbies (취미)	Dream(s)/ Future goal(s) (장래희망)	Others (기타)

CONSENT FORM - IN-TOWN TRIP/TOUR (여행동의서)

- Yes, I consent to my child's participation in teacher planned and supervised the institute related programs within town limits which could take place off the institute site and which begin and end on the same day. I understand that I will be informed in advance of all such programs.
- No, my child does not have permission to participate in the institute related programs within town limits.

PARENT'S/GUARDIAN'S SIGNATURE

I agree that all of the above information is true and correct.
I am the custodial parent or legal guardian of this student:

- Yes No

Signature

Date

As the parent/guardian of a (student's name) _____, I fully acknowledge and understand that the institute program is authorized by the Government of Manitoba, but that the program may or may not be recognized by the authorities responsible for education in Korea and that subsequent re-entry into the Korean education system is not guaranteed and that the Government of Manitoba assumes no responsibility should the institute, for whatever reason, cease to operate in the future.

Media Permission: On occasion in the institute videos/candid shots will be conducted. As well, the media may be invited to the institute to interview and/or film the students. Should you wish your child to be excluded on such occasions, please inform the principal in writing.

Please notify the office of ANY CHANGES to your child's information that may occur throughout the year.

**COMPUTER TECHNOLOGY / INTERNET ACCEPTABLE USE
AUTHORIZATION FORM**
(컴퓨터/ 인터넷 사용 동의서)

As a user of the institute's computer and Internet technology, I hereby agree to comply with the Acceptable Use Policy (AUP) Agreement. Should I commit any violation, my access privileges may be revoked, and disciplinary action may be taken.

Name(s) of child(ren)

Name of Parent or Legal Guardian (Please Print)

Parent or Legal Guardian's Signature

Date Signed

This authorization will remain in effect until terminated with written notice by the institute or parent/guardian.

HOME PAGE GUIDELINES
(홈페이지 내 사진/동영상 게재 동의서)

Our institute and individual classes may wish to develop the institute or class web pages to be posted on the Internet. These pages may be used for such things as: introducing visitors to the institute, providing news for parents, and providing suitable educational links on the Internet.

These pages may include student pictures and/or voice recordings, their use will be strictly controlled by the institute.

If parents allow their child's picture or voice recording to be posted on the CMIS web page they should sign the form below and return it to the institute.

___ Yes, I allow the institute to post my child's pictures/videos.

___ No, I do NOT give permission to post my child's pictures/videos.

Name(s) of child(ren)

Name of Parent or Legal Guardian (Please Print)

Parent or Legal Guardian's Signature

Date Signed

This authorization will remain in effect until terminated with written notice by the institute or parent/guardian.

Parent's Understanding about Us (학부모 이해 동의서)

I understand that this educational institute is operated as a Songdo Peninsula Institute run by CMIS Canada Co.Ltd. according to the Act on the Establishment, Operation of Private Teaching Institutes and it provides education offering a progressive curriculum taught by carefully selected Manitoba certified teachers, which is being taken care of by the Manitoba Department of Education. If students pass the Manitoba exam through Autonomous Schooling Cooperative, they are eligible to receive Canadian credits and are able to study in universities in Canada, the U.S., England and most other countries. However, since this education credits are not recognized from the Ministry of Education of Korea, in case a student is going to apply for universities in Korea, High school Graduate Equivalency Tests will be required. As a parent, I am aware that the Korean law mandates that all children receive compulsory education up to the third year of middle school or grade 9. Also, I am fully aware that I have the right to choose the kind of education that shall be given to my child(ren) as to right of freedom.

본 교육기관은 (주) 캐나다 CMIS 에서 운영하는 송도페닌슐라 학원으로 학원법에 맞추어 운영되고 있습니다. 교육부분에 있어서는 오랜 경험을 바탕으로, 캐나다 교육부에서 인정받은 정규교사들이 학생들을 지도하고 있습니다. 국내 교육법상 학원에서는 일부 교과과정과 특별활동 그리고 학생들의 인성교육을 위한 다양한 프로그램을 운영할 수 없는 현실입니다. 이에 따라 캐나다 학력인증, 체육수업, 특별활동 등 학원에서 실시할 수 없는 교육과정을 자율교육협동조합에서 제공하고 있습니다. 자율교육협동조합은 자녀들에게 보다 효율적이고 합리적인 교육을 희망하는 학부모들로 구성된 모임이며, 캐나다 매니토바주 교육부와 연계하여 조합원 자녀들의 모든 교육과정과 학습결과를 관리하고 있습니다. 따라서 조합원 자녀들은 해외 대학진학을 희망할 경우 캐나다 대학뿐 아니라 미국, 영국 등 세계 여러 나라의 대학에도 진학할 수 있습니다. 그러나 대한민국에서는 학력을 인정받지 못하므로 국내 대학으로 진학을 원할 경우 대입 검정고시에 합격해야 합니다. 대한민국 교육법에 따르면 초등, 중등교육은 의무교육으로 인가 받은 학교에 다녀야 한다는 것을 알고 있으며 부모의 입장에서 내 자녀의 교육과정을 선택할 수 있는 권리도 있음을 충분히 인지하고 있습니다.

Name(s) of child(ren)

Name of Parent or Legal Guardian (Please Print)

Parent or Legal Guardian's Signature

Date Signed

This personal information is being collected under the authority of the Public Schools Act and/or the Education Administration Act in Canada and will be used for the purpose of educating your child. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact us.

This authorization will remain in effect until terminated with written notice by Songdo Peninsula Institute or parent/guardian.



Student Health Form

MUST BE COMPLETED AND TURNED IN WITH STUDENT APPLICATION FORM. 작성 후 지원서와 함께 제출하여 주시기 바랍니다.

Part I

STUDENT AND FAMILY INFORMATION 학생/보호자 정보				
Student's Family Name 성	First 이름	Date of Birth 생년월일 (mm/dd/yr)	<input type="checkbox"/> Male 남 <input type="checkbox"/> Female 여	Grade 학년
Father/Guardian's Name 부 父 / 보호자 1		Mother/Guardian's Name 모 母 / 보호자 2		
Telephone (Home 집): (Work 직장):		Telephone (Home 집): (Work 직장):		
(Mobile 핸드폰):		(Mobile 핸드폰):		
E-mail 이메일:		E-mail 이메일:		
Emergency Contact (When the institute is unable to reach parents) 비상연락망 (부모님과 연락이 되지 않을 시)				
Primary Contact Name 이름:		Second Contact Name 이름		
Relationship 관계:		Relationship 관계:		
Phone 핸드폰:		Phone 핸드폰:		

Part II

MEDICAL HISTORY 병력			
ADD/ADHD 주의력결핍 및 과잉행동장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Endocrine Disorder 내분비질환	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Behavior/Emotional 정서장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Fainting 기절	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Blood Disorder 혈액질환	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Fatigue 피로	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Brain/CNS Disorder 뇌/중추신경계통장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No	GI Disorder 위장장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Cancer 암	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Genetic Disorder 유전자질환	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Cardiovascular 심장혈관계	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Heart Disorder 심장병	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Cerebral Palsy 뇌성마비	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Headaches (type) 두통	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Cystic Fibrosis 낭포성섬유증	<input type="checkbox"/> Yes / <input type="checkbox"/> No	High Blood Pressure 고혈압	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Dental 치과	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Musculoskeletal Disorder 근골격계 장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Depression 우울증	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Skin Disease 피부병	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Developmental Delay 발육지연	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Spina Bifida 이분척추	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Eating Disorder 식이장애	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Urinary / Kidney Disease 비뇨 / 신장병	<input type="checkbox"/> Yes / <input type="checkbox"/> No

LIFE THREATENING CONDITIONS **생명에 치명적인 질환**

IF YOU CHECK THE BOX FOR Asthma, Allergy, Diabetes or Seizure, you must contact the office.

천식, 알레르기, 당뇨 또는 발작에 체크 할 경우 행정실로 연락 바랍니다.

Asthma 천식 (If this box is checked, please answer the following questions. 해당될 경우 아래 질문에 대답해 주시기 바랍니다.)

Yes **No** Does child use rescue inhaler routinely for asthma symptoms?

자녀가 천식으로 인해 주기적으로 흡입기를 사용합니까?

Yes **No** Has your child been hospitalized for asthma in the past year?

과거에 천식으로 인해 입원한 적이 있습니까?

Yes **No** Has your child used steroids (prednisone) for asthma symptoms in the past year?

Allergy 알러지 – Severe, with Epi Pen prescription (Epi Pen을 처방 받을 정도로 심각한 경우)

(for example: food, insect stings 예: 음식, 곤충 등)

Allergen(s)(알러지): _____

Diabetes(당뇨)

Date of diagnosis(진단받은 날짜): _____

Medication(약) _____

Seizure disorder (발작 장애)

Description: _____

Other(기타) _____

Please contact the office if there are other significant health issues/concerns

(건강에 관련된 중요한 사항은 행정실에 알려주시기 바랍니다.)

My child has none of the potential life threatening conditions listed above.

(위에 나열된 생명에 치명적인 질환 중 어떤 것도 갖고 있지 않습니다.)

Allergy, not life threatening (생명에 치명적이지 않은 알러지)(for example: medication 예: 약)

Allergen(s)(알러지): _____

Reaction(s)(반응): _____

Allergen(s)(알러지): _____

Reaction(s)(반응): _____

History of Concussion(s)(뇌진탕 내력)

Date(S) of Concussion(날짜): _____

Was a Health Care Provider seen?(의료인을 만났습니까?) _____

Hearing concerns?(청각) Does your child wear hearing aids? (보청기를 사용합니까?)

Vision concerns?(시력) Glasses(안경) Contacts(콘택트렌즈) Color Blind(색맹)

Speech Difficulty(음성 어려움) – Describe(설명) _____

Other(기타) _____

Please contact the office if there are other significant health issues/concerns

(건강에 관련된 중요한 사항은 행정실에 알려주시기 바랍니다.)

My child has none of the conditions listed. (위에 나열된 목록에 해당사항이 없습니다.)

Part III

SPORTS/INJURY HISTORY FOR PHYSICAL EDUCATION 체육시간에 참고 하기 위한 스포츠 외상 내력			
Yes	No	(Please explain all yes answers) "예"일 경우 옆에 설명해 주시기 바랍니다.	Comments
		Have you had any medical concerns about participating in your sport? 스포츠 참여에 의학적 우려가 있습니까?	
		Have you had any injuries requiring treatment by a physician? 의료진의 치료가 필요했던 부상을 입었던 적이 있습니까?	
		Have you ever had a knee injury? 무릎 부상을 당한 적이 있습니까?	
		Have you ever had an ankle injury? 발목 부상을 당한 적이 있습니까?	
		Have you ever had a broken bone (fracture)? 뼈가 골절 된 적이 있습니까?	
		Have you ever injured any other joint (shoulder, wrist, fingers, etc)? 관절 (어깨, 손목, 손가락 등)을 다친 적이 있습니까?	
		Have you ever had a cast, splint, or had to use crutches? 깁스, 부목, 도는 목발을 사용한 적이 있습니까?	
		Must you use special equipment for competition (pads, braces, neck roll, etc)? 경기나 시합에서 패드, 교정기, 머리 베개 등을 반드시 사용해야 합니까?	
		Have you ever had a neck/head injury? 목/머리에 부상 입은 적이 있습니까?	
		Have you ever had a heart related problem? (Heat exhaustion, heat stroke) 심장과 관련된 문제가 있었던 적이 있습니까? (일사병, 열사병)	

List any serious illness (i.e. high fever, injury, operations, ear tubes, hospitalizations, severe asthma attack(s) include illness, date(s) and age(s)

고열, 부상, 수술, 입원, 심각한 천식 발작 등과 같은 경험이 있으면 병명, 날짜, 나이를 포함하여 아래에 작성해 주시기 바랍니다.

List all doctor prescribed medication this student is presently taking or has taken in the past two years, and explain what they treat.

현재 학생이 복용중인 약 또는 최근 2년동안 복용했던 약이 있을 경우 아래에 작성하시고 어떤 치료에 쓰여졌는지 설명해 주시기 바랍니다.

Prescribed medication(처방약)	Period(복용기간)	Treatment(치료내용)

* Failure to disclose all pertinent medical information is grounds for dismissal from the institute:
(관련된 의학 정보를 정확히 밝히지 않았을 경우 합격이 취소될 수 있습니다.)

Parent/Guardian Signatures 학부모/보호자 서명

Date 날짜

Part IV

Medication Authorization (약물 복용 허가서)

* This page is ONLY for the student who needs to take medication(s) during study hours.
 이 페이지는 교내 생활 중 약을 복용해야 하는 학생들에게만 해당됩니다.

Parent/guardians asking office staff to give medication(s) to their child must provide a written permission every year that has been signed by the parent/guardian and the child's health care provider.

학생에게 약을 줘야 할 경우, 학부모/보호자는 담당 의료진이 서명한 허가서에 서명하여 매해 제출해야 합니다.

Student Name(학생이름):	Date of Birth(생일)(mm/dd/yr)	Grade(학년):
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PHYSICIAN ORDER FOR ADMINISTRATION OF MEDICATION BY EDUCATIONAL PERSONNEL:

직원이 투약하는데 대한 의료진의 지시사항

Medical Condition(s)(질병):		
Medication(s)(약):		
Dose(복용량):	Time to be given(복용시간):	Route(복용방법):
Possible side effects(가능한 부작용):		
Start Date(시작일):	Stop Date(마지막 복용일):	Refrigeration Required?(냉장보관 여부)
Physician Signature(의사서명):		Date(날짜):
Clinic(병원):	Phone(전화번호):	Fax(팩스):

PLEASE NOTE: ALL AUTHORIZATION EXPIRES AT THE END OF THE STUDY YEAR. 모든 허가는 학년말에 만료됩니다.

Parent/Guardian Authorization (학부모/보호자 허가서)

- I request that the above medication(s) be given during study hours as ordered by my child's physicians. I also request the medication(s) be given on the field trips, as prescribed.
 의사가 지시한 위의 약을 수업 시간 또는 현장 학습 시 복용하는 것을 허락합니다.
- I will notify the institute of any change in the medication(s). (i.e. dosage change, etc.)
 복용하는 약에 어떠한 변화가 있을 경우 알려 주겠습니다.(예:복용량 변경 등)
- I give permission for the medications to be given by the educational personnel.
 직원이 약을 주는 것을 허락합니다.
- I give permission for the institute to communicate, as needed with the staff about my child's medical condition(s) and the treatment prescribed.
 직원간에 아이의 건강 상태와 치료에 대해 소통하는 것을 허락합니다.
- I give permission to institute to release appropriate medical information to the hospital in case of emergency.
 만약의 비상시에 병원에 적절한 의료 정보를 주는 것을 허락합니다.

Parent/Guardian Signatures 학부모/보호자 서명

Date 날짜

Part V

Consent to Perform First Aid/CPR (응급처치/심폐소생술 허가서)

Child's Name(학생이름): _____ Date of Birth(생년월일): _____

I _____ (parent/guardian) authorize staff of the institute who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

응급처치와 심폐소생술 자격증을 소지한 직원이 응급처치 및 심폐소생술을 실시하는 것을 허락합니다.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the staff to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

자녀에게 위급상황이 발생하여 치료가 필요할 때 바로 연락이 온다는 것을 알고 있습니다. 그러나 연락이 닿지 않는 경우 CMIS 직원이 가까운 의료 시설로 데려가거나 필요한 치료를 제공하는 것을 허락합니다.

Parent/Guardian's signature 학부모/보호자 서명

Date 날짜