

# CMIS Canada

## Autonomous Schooling Cooperative

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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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## 2020-2021 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)

Nationality: \_\_\_\_\_  
(국적)

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)

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.: [ ] [ ] [ ] [ ] [ ] [ ] - [X] [X] [X] [X] [X] [X] [X] [X]  
(주민등록번호)

Cell Phone No.: \_\_\_\_\_  
(핸드폰)

Email Address: \_\_\_\_\_  
(이메일)

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

Home Phone No.: \_\_\_\_\_  
(집)

Social Security No.: [ ] [ ] [ ] [ ] [ ] [ ] - [X] [X] [X] [X] [X] [X] [X] [X]  
(주민등록번호)

Cell Phone No.: \_\_\_\_\_  
(핸드폰)

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

## Parent's Understanding about Us (학부모 이해 동의서)

I understand that this educational institute is Canada Manitoba Affiliated School Overseas and is being operated as a Songdo Peninsula Institute and Autonomous Schooling Cooperative. 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, they are eligible to receive Canadian credits. However, since the 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 캐나다 매니토바 주 교육부 소속의 해외학교(Affiliated School Overseas)로, 국내에서는 학원 및 자율교육협동조합의 형태로 운영되고 있습니다. 교육부분에 있어서는 오랜 경험을 바탕으로, 캐나다 교육부에서 인정받은 정규교사들이 학생들을 지도하고 있습니다. 학생들은 캐나다 학력을 인증 받으며, 캐나다에서 학교를 졸업한 학생과 동일한 졸업장을 매니토바 주 교육부에서 받게 됩니다. 그러나 대한민국에서는 학력을 인정받지 못하므로 국내대학으로 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 교육 과정을 선택할 수 있는 권리도 있음을 충분히 인지하고 있습니다.

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Name(s) of child(ren)

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Name of Parent or Legal Guardian (Please Print)

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Parent or Legal Guardian's Signature

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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