



**PICTURE**

**JI HO CHOI TAE KWON DO INSTITUTE**

**APPLICATION  
FOR STUDENT ADMISSION**

**No.** \_\_\_\_\_

**JI HO CHOI TAE KWON DO INSTITUTE**  
**APPLICATION FOR STUDENT ADMISSION**

NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

APPLICANT'S FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

OCCUPATION / EDUCATION (CURRENT LEVEL): \_\_\_\_\_

COMPANY / SCHOOL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

GENDER:  MALE  FEMALE BIRTHDATE (MM/DD/YY): \_\_\_\_\_

**FAMILY INFORMATION (COMPLETE IF APPLICANT IS UNDER 18 YEARS OLD)**

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ COMPANY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ COMPANY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**MEDICAL INFORMATION** (ALL APPLICANTS MUST PROVIDE ALL INFORMATION; USE BACK OF APPLICATION FOR MORE SPACE).

PHYSICAL HANDICAP AND EXPLAIN CURRENT CONDITIONS: \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS IF ANY (EPILEPSY, DIABETES, HYPER/HYPOTENSION, T.B. ASTHMA, ETC.) AND EXPLAIN CURRENT CONDITIONS:

LIST ALL MEDICATIONS BEING TAKEN ORALLY AND INTRAVENOUSLY (BY INJECTION), BY NAME, AND EXPLAIN IN DETAIL THE PURPOSE FOR EACH MEDICATION:

DO YOU HAVE A PERSONAL MEDICAL/HEALTH INSURANCE? \_\_\_\_\_

IF YES, PLEASE STATE INSURANCE COMPANY AND POLICY #: \_\_\_\_\_

**I, THE SIGNEE OR THE PARENT OF THE ENROLLEE (IF A MINOR) AGREE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUTHFUL**

SIGNATURE

RELATION TO ENROLLEE

DATE