



TAIPEI EUROPEAN SCHOOL

CAMPUS TOUR REQUEST FORM

***A campus tour can be arranged when your child is over two years old.**

***Please complete one form for each child who you might be applying for, and attach a copy of his/her valid foreign passport.**

Student's details:

Family name:					
First name:		Second name:		Preferred name:	
Date of birth:					
	<small>day</small>	<small>month</small>	<small>year</small>		
Gender:	male	female	Country of birth:		
Foreign nationality 1:		Passport #:		Expiry Date:	
Foreign nationality 2:		Passport #:		Expiry Date:	
Taiwanese passport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Passport #:	Expiry Date:	
Child's first language:					
Child's second language:					
Language(s) of instruction at current school:					
Main language spoken at home:			Other language(s) spoken at home:		
Present Country of Residence:					
* When will the applicant arrive in Taiwan? (if applicable)					
Parents' contact number(s):			Parents' contact email(s):		
Requested tour date(s)/time:					

*Please note that we can not guarantee an appointment at a specific requested time.

Educational history:

Has your child ever received support in English as a Second / Additional language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been assessed for 'gifted & talented' provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been assessed for special educational needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child suffer from or has been diagnosed with conditions such as an attention deficit / dyslexia / fine or gross motor control difficulties, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been assessed or received support for speech and language difficulties / occupational therapy / physical therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any behavioural issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a hearing / visual impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No