

**Welltain Christian International School**

Cheongyeon Plaza 6th Floor, Jungbong-daero 586 beon-gil 15, Seogu, Incheon, Republic of Korea

•Phone: (+82)10-8224-1468

(+82)10-9087-2929

•E-mail: admissions @welltaincis.org

•Website: [www.welltaincis.com](http://www.welltaincis.comg)

**PARENT & STUDENT AGREEMENT FORM**

THE PARENT & STUDENT AGREEMENT FORM IS TO CERTIFY THAT THE PARENT/GUARDIAN/ STUDENT ACKNOWLEDGE CERTAIN WCIS POLICIES THAT INTERESTED PARTIES ARE EXPECTED TO ABIDE BY WHILE ATTENDING WELLTAIN CHRISTIAN INTERNATIONAL SCHOOL.

THE PARENT/ GUARDIAN/ STUDENT: THROUGH THIS AGREEMENT FORM, I CERTIFY THAT I

1. Thoroughly examined and understands the information regarding the Welltain Christian International School’s Policies, which are provided through the Student’s Handbooks.
2. Agree to abide by the policies and other procedures outlined in the Student’s Handbook.
3. Agree to give advanced notice and obtain a Visitor’s Pass when visiting WCIS for any reason. (As this procedure concerns the safety of our students, this policy is strictly maintained. Therefore, please be aware that without advanced notice, a visitor may not be granted a Visitor’s Pass)
4. Give my consent to Welltain Christian International School to take photographs of the student and to use them for marketing and school publicity.
5. Acknowledge that such photographs will be regarded as the property of Welltain International Christian School.
6. Give WCIS permission to access and publicize the student’s college acceptance history for marketing and publicity purposes, during academic years and also after the student’s graduation. (To protect our students personal information, no personal information other than names of students and names of their accepted colleges/universities will be used)
7. Agree with the Payment schedule and refund policy of WCIS.
8. Instruct the student to avoid any inappropriate behavior which may influence the reputation and publicity of WICS negatively.
9. Acknowledge that WCIS will not be held responsible for any misinterpretation of WCIS’s policies and circumstances that may arise from such mistakes.
10. Parent/Guardian will bear responsibility for property damage within WCIS done by their child or children. Parent/Guardian are also responsible for expenses of their child or children’s sickness.

I, the undersigned, have read and understood the above policy and hereby agree and abide by WCIS regulations and policies.

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Student Signature Date

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Parent/Guardian Signature Date