



郑东新区西亚斯外籍人员子女学校 SIAS INTERNATIONAL SCHOOL

STUDENT APPLICATION FORM 学生入学申请表

Step 1- Student Information 学生信息

Student's Name 学生姓名: _____ (Last, Family 姓) _____ (First, Given 名) Alternate Name (常用名) _____

Date of Birth 出生日期: _____ 年(YYYY)____月(MM)____日(DD) Current Age 年龄: _____

Place of Birth 出生地: _____ Gender 性别: M F

Nationality/Citizenship 国籍: _____ Passport No. 护照号码: _____

Date of Application 申请日期: _____ 年(YYYY)____月(MM)____日(DD)

Applying for Grade 申请年级: _____

Date of Application 预计上学日期: _____ 年(YYYY)____月(MM)____日(DD)

Step 2- Parent & Sibling Information 家长 / 兄弟姊妹信息

	Mother/Guardian 母亲 / 监护人	Father/Guardian 父亲 / 监护人
First Name 名字		
Last Name 姓氏		
Nationality 国籍		
Mobile Phone 手机号码		
Office Telephone 办公电话		
Email 电子邮件		
Position/Title 职位		
Company/Organization 公司 / 组织		
China Address 在华地址		

Step 3- Emergency Contact in China other than Parent/Guardian

中国境内紧急联络信息（父母 / 监护人除外）

Name 名字: _____ Relationship 关系: _____

Address 地址: _____ Mobile 手机号码: _____

Siblings 兄弟姐妹信息					
Sibling's Name 兄弟或姊妹名字	Gender 性别	Date of Birth (YYYY/MM/DD) 出生年月日	Grade 就读年级	Current School 所在学校	Curriculum 教学体系

In applying for admission to Sias International School, parents agree to the following conditions: Students may not enrol nor remain enrolled in Sias International School unless one parent or an SIS approved guardian is in full-time residence with the student in Zhengzhou at all times. Domestic helpers do not qualify as acceptable guardians, regardless of the student's age. Parents must also notify the school if travel beyond one week requires a temporary guardian.

申请入学我校的学生，家长需同意以下条件：学生必须有父母一方或我校认可的监护人陪同在郑州居住，否则可能不被录取或不能继续在我校就读。无论学生年龄多大，家庭佣工不能被认可为学生的监护人。如果旅行超过一周，父母必须通知学校并需要一个临时监护人。

Step 4- Student Academic Profile 学生学历

List most recent school first 列出近年的学校信息

School Name/Location 学校名字 / 地址	Grades 就读年级	Enrollment Period 就读时期	Curriculum 教学体系

Language and Family Information 语言和资料

Language spoken at home 家庭沟通语言: Primary 主要语言 _____ Others 其他 _____

English language proficiency 英语水平:

Applicant/Student 申请者 / 学生 _____ Father 父亲 _____ Mother 母亲 _____

Rate 1=non speaker, 2=learning, 3=functional, 4=nearly fluent, 5=fluent or native

等级: 1 代表不会说 2 代表正在学 3 代表不使用 4 代表比较流利 5 代表非常流利

Additional Student Information:

附加资料（学生）

Full and accurate information about your child's application is important for the Admission Team to properly assess our ability to provide the best educational program.

为您孩子提供完整及准确的入学资料，将有助于我校招生办为您提供优质的教学。

1. Has your child ever been accelerated (skipped a grade)? 您孩子是否跳级过?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please indicate year(s) skipped: 如“是”，请写出跳读的年级
2. Has your child ever been in a Gifted Program? 您孩子是否就读过“天才班”?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please indicate year(s): 如“是”，请写出该年级
3. Has your child ever been retained (repeated a grade)? 您孩子是否留级过?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please indicate year(s): 如“是”，请写出该年级
4. Does your child have any specific learning difficulties? 您孩子是否有学习认知或能力的缺陷?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
5. Have previous teachers or administrators made you aware of your child showing learning and/or behavior difficulties? 是否您孩子之前的教职人员告知过您，您的孩子有学习认知或能力的缺陷?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
6. Has your child ever been enrolled in a Learning Support Program of any kind? 您孩子是否参加过任何学习辅导机构?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
7. Has your child ever had an Individual Educational Plan (IEP)? 您孩子是否有定制的个人学习计划?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
8. Has your child ever had a psycho-educational evaluation? 您孩子是否做过心理评估?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
9. Has your child ever received extra help during the school day or after school hours? 您孩子在上课或课外是否需要额外辅助?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
10. Has your child ever been denied admission to a school? 您孩子是否被其他学校拒收过?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
11. Does your child have any physical disabilities/impairments? 您孩子是否有残障问题?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:
12. Has your child ever been in an ELL or bilingual program? 您孩子是否加入过英语提高班?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If 'yes', please provide details and supporting documents. 如“是”，请提供具体信息和相关文件:

Supplementary Information 补充信息

1. Please list special hobbies or interests of your child: (If allocated space is insufficient, please attach a separate sheet)

请您列举您孩子的爱好与兴趣（如果下面空格位置不足，请您用空白纸张填写）

2. Please provide any other information you feel would be useful in helping us educate your child:

请您提供其他有用信息，以便我们为您孩子提供更好的教育服务。

3. Please provide any other information you feel would be useful in helping us to support your child's transition to SIS:

请您提供一些信息，以便我们可以协助您孩子顺利过渡学习。

Step 5- School Lunch and Bus Service Requirement 校餐和校车服务需求

Lunch 校餐 (Optional 可选的)

Please refer to the tuition fee schedule for the lunch fee 就午餐费用，请家长参考《收费标准和付费政策》：

- Yes, my child requires lunch 是，我孩子需要午餐服务。
 No, my child does not require lunch 不，我孩子不需要午餐服务。

Bus 校车(Optional 可选的)

Please refer to the Annual Tuition Fee schedule and school bus routes for more information.

就校车费用，请家长参考《收费标准和付费政策》和校车路线安排表。

- Yes, my child requires the school bus service. 是，我孩子需要校车服务。
 No, my child does not require the school bus service. 不，我孩子不需要校车服务。

Pick-up/Drop-off Address 接送点地址: _____

Mother's Mobile 母亲手机号码: _____ Father's Mobile 父亲手机号码: _____

Emergency Contact Number 紧急联络人及号码: _____

Step 6- Payment Details 付费信息

1. School fee payments will be made by 学费付费责任人和方式:

- Company 公司 Parents 家长
 Single Payment Plan 年度付费 Semester Payment Plan 学期付费 Quarter Payment Plan 学季付费

2. School bus fee payment will be made by:

- Company 公司 Parents 家长
 Single Payment Plan 年度付费 Semester Payment Plan 学期付费

3. Bill to 付费人联络方式如下:

Father's company 父亲公司:

Mother's company 母亲公司:

Other 其他:

Contact Person 联络人: _____ Mobile/Phone 手机 / 座机: _____

Tuition receipt requested 是否需要开收据: Yes 是 No 否

Tuition request to be sent 学费缴费清单及相关收据将于电邮方式发送，请打勾并填写您的电邮地址:

By Email Address 电邮地址: _____

Step 7- Insurance

All students enrolled in SIS are required to have approved health and accident insurance coverage.

Details of insurance coverage 具体的保险信息:

Others 其他:

How did you come to know about the Sias International School? 你如何认识郑东新区西亚斯外籍人员子女学校的?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper/Magazine 报刊 / 杂志 | <input type="checkbox"/> Schools/Companies 学校 / 公司 |
| <input type="checkbox"/> Television 电视广告 | <input type="checkbox"/> Friends/Relatives 朋友 / 亲戚 |
| <input type="checkbox"/> School Bus/Outdoor Advertisement 校车 / 户外广告 | <input type="checkbox"/> Direct Mail/SMS 邮件 / 短信 |
| <input type="checkbox"/> Website/Internet Search 网站 / 网络搜索 | <input type="checkbox"/> Events/Exhibitions 大型活动 / 展会 |
| <input type="checkbox"/> Other 其他 (Specify)如: _____ | |

Declarations and Agreement 声明和协议:

I declare that all of the information submitted in this application form is correct and complete. I authorize the Sias International School to contact or obtain official records from any educational institutions previously attended by the applicant. I understand the Sias International School reserves the right to alter or reserve any decision regarding admissions or enrollment made on the basis of incorrect or incomplete information.

本人在此声明此入学申请表中提供的所有信息属实且完整。本人授权郑东新区西亚斯外籍人员子女学校联系申请人以前就读的学校，或从以前就读的学校获取有关的学历 / 学业成绩记录。我理解如果本人提供的信息不正确或不完整贵校有权变更或保留决定申请人的注册或入学资格的权利。

I hereby agree that I will settle or arrange for the settlement of my child's fees at the Sias International School according to the school's Tuition & Fees Payment Policies. Schedule and Payment Policies. In particular, I assume full responsibility to ensure the timely and ultimate payment, regardless of whether or not a third party has arranged with me to settle the fees directly with the school.

本人同意根据贵校《收费标准和付费政策》的规定为我的孩子支付各项费用。特别的是，不管第三方是否已经直接为我安排支付费用，我同意承担全部责任，并保证最后付款的及时性。

There may be occasions when the Sias International School would like to use a student's image, whether in photographs or video footage, for purposes such as the production of the school's yearbook, newsletters, as well as the promotion of the school through brochures, flyers, viewbooks, banners and advertising, etc. I hereby agree to allow the Sias International School to use my child's image as outlined above.

郑东新区西亚斯外籍人员子女学校在一些场合中会使用学生的照片或录影镜头，用于学校、家长通讯上。学生的肖像有时也会出现在小册子、传单、申请用品、横幅和广告等宣传上，作为学校推广活动使用。本人同意贵校使用本人孩子的肖像作以上所诉之用。

Father/Guardian's Signature 父亲 / 监护人签名:

Date日期:

Mother/Guardian's Signature 母亲 / 监护人签名:

Date日期:

HEALTH QUESTIONNAIRE

健康表格

Personal Information (To be completed by the parents)

个人信息（由家长填写）

Family / Last Name 姓: _____ Given Name(s) 名: _____

Date of Birth (mm/dd/yyyy) 出生日期（月 / 日 / 年）_____ Gender 性别: Male男 Female女

English Fluency 英文程度: Fluent 流利 Fair 一般 Low 较低

Command of Chinese 中文程度: Fluent 流利 Fair 一般 Low 较低

Parents' Information 家长信息

Father's Name 父亲名字: _____ Mobile Phone 手机号码: _____

Mother's Name 母亲名字: _____ Mobile Phone 手机号码: _____

Medical History (To be completed by the parents)

学生健康信息（由家长填写）

1. Please describe any medical condition or history of your child that ISD should be aware of
(i.e. epilepsy, diabetes, asthma, or any known allergy to specific chemicals, medicines or substances):

请务必告知学校您孩子是否有以下相关病史（癫痫，多尿症，哮喘，或药物 / 食物过敏等）：

2. Does your child take any form of medication (oral or injected) on a regular basis for any of above? Yes No

您孩子是否有常规化的口服或注射药物？

3. Does your child have any vision problem? Yes No If "Yes", please describe:

您孩子是否有任何视力问题？如有，请详细描述：

4. When was your child's vision last checked (mm/dd/yyyy)?

您孩子最近一次体检的时间？

5. Does your child have any hearing problem? Yes No If "Yes", please describe:

您孩子是否有任何听力问题？如有，请详细描述：

6. Does your child have any speech problem? Yes No If "Yes", please describe:

您孩子是否有任何说话问题？如有，请详细描述：

7. Are there any special food considerations? Yes No If "Yes", please describe:

您孩子是否有任何特殊的饮食要求？如有，请相信描述：

Immunization Records (To be completed by the parents or a physician)

疫苗证明（由家长或体检机构填写）

School Policy requires that immunizations be current before a student will be admitted to ISD.

学校制度要求家长在学生被录取前提供最新的疫苗证明。

Note 备注:

- Parents must provide a photocopy of the current Health Certificate/Card for the child.
家长必须提供近期的学生体检证明复印件。
- Parents must provide photocopies of the child's vaccination records.
家长必须提供学生的种牛痘证明复印件。
- Immunization procedures vary from country to country. If you have any questions regarding your child's immunization, they should be discussed with your physician.
各国拥有不同的疫苗接种程序。如您有就此有相关问题，请与体检部门取得相关联系。
- Some vaccines are combined or given together (MMR, DPT or Td and OPV). Please enter the date in each appropriate box.
有些疫苗（MMR, DPT or Td and OPV）存在同时接种的情况，请在下面标注接种时间。
- Parents are required to arrange comprehensive medical & accident insurance for their children prior to attending ISD.
家长必须在学生在被录取前提供完整的综合医疗和意外保险信息。

Type	1 st	2 nd	3 rd	4 th	5 th
Polio (TOPV*) Tpi-Oral-Polio-Vaccine 小儿麻痹疫苗 2, 4, 6 & 18 months, 4-6 years, every 10 years					
Diphtheria, Pertussis, Tetanus (DPT*) 百白破疫苗 2, 4, 6 & 18 months, 4-6 years, every 5-10 years					
Measles/Mumps/Rubella (MMR*) 麻腮风三联疫苗 15 months; booster by age 11					
Tuberculosis: Vaccine (B.C.G.) or Test (PPD/Mantoux)-within one year prior to admission 卡介疫苗					
Hepatitis B (3 shots) 乙肝疫苗					

Immunization Records (To be completed by the parents or a physician)

疫苗证明（由家长或体检机构填写）

Check "Yes", if your child has any of the listed medical conditions and "No", if he/she does not. If "Yes", please provide date (where applicable).

如您孩子具有如填写“有”，注明具体时间，最好包括发生地地址。

	Yes 有	No 没有	Date mm/dd/yyyy 日期		Yes 有	No 没有	Date mm/dd/yyyy 日期
Attention Deficit Disorder (ADD) 注意力缺乏症				Flu Vaccination 流感			
Attention Deficit Hyperactivity Disorder (ADHD)多动症				Glandular Fever 腺热			
Allergies to Foods食物过敏				Hay Fever 花粉热			
Allergies to Natural Substances 天然物质过敏				Heart Disease 心脏病			
Allergies to Chemicals 化学物质过敏				Hepatitis A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 肝病			
Allergies to Medicines 药物过敏				Mumps 腮腺炎			
Anaemia 贫血				Poliomyelitis 小儿麻痹症			
Appendectomy 阑尾切除术				Rheumatic Fever 风湿热			
Asthma 哮喘				Rubella (German Measles) 德国麻疹			
Bone Fractures 骨折				Scarlet Fever 猩红热			
Chicken Pox 水痘				Tonsillectomy 扁桃体切除术			
Ear Infections 中耳炎				Tuberculosis 肺结核			
Eczema 湿疹				Whooping Cough 百日咳			
Epilepsy 癫痫							
Other 其他							
In case of allergies, please specify all the known causes or triggers in detail: 针对各种过敏症状，请详细告知过敏源：							

The undersigned Parents/Guardian of the Student hereby declare(s) that all the information provided in this application, and to the physician conducting the physical examination of the child, relating to the child's health and immunization history are accurate, current, truthful and complete, to the best of my/our knowledge.

作为家长，我保证以上提交的健康信息已经过相关体检部门检查，是近期的，准确的，真实的和完整的，和我完全了解的。

Signature of Parents/Guardian
家长签名

Date (mm/dd/yyyy)
年 / 月 / 日