Please submit the following documents to the Admissions Department:

1. Completed Harrow Beijing Application Form.

2. Completed Confidential Student Reference Form (this must be completed by a teacher at your child’s full-time school, and not by a private tutor or training school. Please ask the teacher to scan and email the completed reference to reference@harrowbeijing.cn. Note that a reference is not required for children not already enrolled in full-time education.

3. Copies of the student’s school reports, covering the past two years of study.

4. Copy of the student's passport photo/information page.

5. Copies of both parents' passport photo/information page.

6. One recent passport-style photograph of the student.

7. Non-refundable Application Fee of RMB 3,500. Please send proof of payment detailing the student’s name and year group of application. The application will not be considered complete unless all document are submitted and this payment has been made.

For international families only:

- Copies of the every family member’s passport visa/permit page.

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Account Details (RMB payment only)

Bank name: Heng Seng Bank Beijing Branch 恒生銀行（中國）有限公司北京分行
Account name: Harrow International School Beijing 北京哈罗英国学校
Account number: 531031680020

Completed documents should be sent to the following:

Main Campus
Address: Admissions Office, Harrow Beijing, No. 287, Hegezhuang Village, Cuigezhuang County, Chao Yang District, Beijing, China 100102.
Telephone: +86-10-6444-8900
Email: admissions@harrowbeijing.cn

City Campus
Address: No.5, 4th Block, Anzhen Xili, Chao Yang Distric, Beijing, China, 100029.
Telephone: +86-10-6444-8100
Email: cityadmissions@harrowbeijing.cn
Application for Admission

Child's Full Name  
(As it appears in the Passport)

Family Name  
Given Name  
Preferred Name

Date of Birth  
Day  
Month  
Year  
Gender  M  F

Nationality

Home Address

School Bus required (Only available for students from Reception to Year 13)

5-Day Residential Accommodation required (Only available for students from Year 6 to Year 13)

For Pre-Nursery students only, please indicate your preferred attendance option:

• Full Day  
• Half Day

Parent/Guardian Information

Father/Guardian 1  
Full Name  
Family Name  
Given Name

Nationality

Employer

Position

Mobile

Email

Mother/Guardian 2  
Family Name  
Given Name

Please indicate to whom we should we send payment invoices:

• Father  
• Mother

FOR ADMISSIONS USE ONLY

Sibling

• LS  
• PS  
• TS

• iSAMS  
• Medical Form

• Offer  
• School Reports

• Roll  
• Reference Form

• Invoice  
• Student’s Passport

• Parents’ Passports  
• School Agreement
### Student's Academic Background

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Dates Attended (in date order)</th>
<th>Year Groups</th>
<th>Language of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Has your child ever been placed out of his/her standard age year group?  
*If yes, please give details.*

Has your child ever attended special classes or received any special awards because of an exceptional talent?  
*If yes, please give details.*

Is your child undertaking any additional external examinations, or have they ever done so in the past?  
*If yes, please give details.*

Has your child ever been seen by an Educational Psychologist, Psychiatrist or other Specialist for any learning, social, emotional or behavioural issues?  
*If yes, please give full details and include all relevant documentation with this application if needed*

### Family's Language Profile

<table>
<thead>
<tr>
<th>Child's First Language</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s First Language</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Father’s First Language</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long has your child been learning English?  
*If your child currently learns another language at school, please give details here:*

<table>
<thead>
<tr>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Sibling's Name(s)</td>
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</tbody>
</table>

**Why have you chosen Harrow Beijing for your child?**


**Where did you first hear about Harrow Beijing?**

- Friend/Family member
- Harrow Parent
- Harrow Staff
- Event
  - please specify
- Magazine
  - please specify
- Other
  - please specify

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**Hegezhuang Campus**
No. 287 Hegezhuang Village, Cuigezhuang County, Chaoyang District, Beijing, China

**City Campus**
No. 5, Block 4, Anzhen Xili, Chaoyang District, Beijing, China

+86 10 6444 8900 | admissions@harrowbeijing.cn | www.harrowbeijing.cn
Your child will undertake an annual health check at Harrow Beijing. To help us prepare for that health check, please provide an accurate reflection of your child’s current health situation. The more information you can provide will help us to support any specific needs which are present. Where there is not enough space for a detailed response, please use additional paper to provide full details if necessary.

**Child’s Full Name**  
(As it appears in the Passport)  
Family Name  
Given Name  
Preferred Name

**Date of Birth**  
Day  
Month  
Year

**Q1** Does your child have any medical condition or disability?  
[Y] Yes  
[ ] No  
Please provide full information and provide a copy of all related documents.

**Q2** Does your child take any regular medication?  
[Y] Yes  
[ ] No  
If yes, please specify which medication is taken, why it is used, and how often it’s taken.

**Q3** Does your child have any known allergies?  
[Y] Yes  
[ ] No  
If yes, what is the cause of the allergy? Please describe the reaction and what is done to manage it.

**Q4** Does your child have any special dietary requirements?  
[Y] Yes  
[ ] No  
If yes, please specify.

**Q5** Does your child wear glasses or contact lenses?  
[Y] Yes  
[ ] No  
If yes, please give details about when they are worn and for what reason.

**Q6** Has your child ever required the services of an Educational Psychologist, Paediatrician, Mental Health specialist, Language or Speech Therapist, or an Occupational Therapist?  
[Y] Yes  
[ ] No  
If yes, please give full details and provide a copy of all related documents.

**Q7** Has your child ever had an Individual Education Plan/Statement?  
[Y] Yes  
[ ] No  
If yes, please give full details and provide a copy of all related documents.
Please tick any problems your child has currently or previously had, providing full details in the space provided where necessary:

- Asthma
- Please state triggers
- Cancer
- Hospitalised
- Operations
- Vision Problems
- Other

Please tick any contagious disease your child has previously had (if any). Please include the age they occurred where appropriate:

- Chicken Pox
- German Measles
- Measles
- Diptheria
- Poliomyelitis
- Whooping Cough
- Mumps
- Hand, Foot & Mouth
- Other

During day-to-day care, if your child complains of minor pain or illness while at school, would you be willing for the school nurse to administer medicines from the school’s safe medicine list, in accordance with the school policy? **Y**  **N**

*Note: If prescribed medication is to be administered while your child is at school, the parental agreement form to administer prescribed medication should be obtained from the school clinic and returned to the clinic staff along with the medication.*

Is there anything else that we should know about your child’s health and wellbeing? **Y**  **N**

### Student Immunisation Record

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diptheria, Tetanus, Pertussis (DTaP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td></td>
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<tr>
<td>Hepatitis B</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Japanese Encephalitis</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Meningitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles and Rubella</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Haemophilus Influenza Type B (HIB)</td>
<td></td>
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<tr>
<td>Inactivated Polio Virus (IPV)</td>
<td></td>
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<td></td>
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<tr>
<td>Tetanus and Diptheria (TD_)</td>
<td></td>
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<tr>
<td>Meningitis A and C</td>
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<tr>
<td>Tuberculosis (BCG)</td>
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<td></td>
<td></td>
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<tr>
<td>Varicella</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
Harrow Beijing
Parent/Guardian Declaration

We may use your personal data contained herein for marketing purposes, such as sending newsletter, updates and promotional materials to you. If you agree to receive such information or materials, please indicate your consent before signing by ticking the box below.

Declaration
1. I confirm that I am the parent or guardian of the student.
2. I authorize Asia International School Limited, its subsidiaries and affiliates ("Group") as well as its group of schools ("School") to use, check and process my and my child's data as required for the purpose of this form.
3. I authorize the Group and School to include photographs or images of myself and my child taken at a seminar or event held by the Group or the School in its promotional materials.
4. I understand that upon successful application and subsequently admitted to the School, my and my child's data will become a part of student record and may be used for all purposes as prescribed under relevant rules and regulations as well as attendant procedures, so long as my child remain a student of the School. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application.

Signature of Parent(s)/Guardian

Date (dd/mm/yy)

For the student who is holding Chinese passport, please fill in the following information in Chinese.

学生户籍所在地                      市                   区

父亲户籍所在地                      市                   区

母亲户籍所在地                      市                   区

6到14岁学生，请注明学籍所在学校名称

I understand that this application does not guarantee my son/daughter a place at Harrow Beijing. I also understand that this application will not be considered until all supporting documentation has been provided and the non-refundable Application Fee has been paid.

I/We wish my/our son/daughter                      to be considered for entry to Harrow Beijing starting from            (month)        (year).

本人同意上述拟议使用本人/本人子女的个人资料作推广用途。

I agree to the proposed use of my/ my child's personal data in marketing.
The family of the child detailed below has recently enquired about a place at our school. Please provide the information requested and send the completed form directly to our Admissions Office (reference@harrowbeijing.cn). When sending the form by email, please include the child’s name and date of birth (i.e. “REFERENCE FOR YUXING GAO (29/11/2004)”).

**CONFIDENTIAL STUDENT REFERENCE FORM**  
Early Years

The family of the child detailed below has recently enquired about a place at our school. Please provide the information requested and send the completed form directly to our Admissions Office (reference@harrowbeijing.cn). When sending the form by email, please include the child’s name and date of birth (i.e. “REFERENCE FOR YUXING GAO (29/11/2004)”)

This form should only be completed by a teacher at the student’s full-time school and not by a training school or private tutor.

**Child’s Full Name**  
(As it appears in the Passport)  
**Family Name**  
**Given Name**  
**Preferred Name**

**Current Year/Grade**

**Date of Birth**  
Day  Month  Year

---

**For Completion By The Full-time Teacher**

**Your Full Name**  
(please print)

**Your Phone Number**

**Your School’s Full Name**

**Your School’s Address**

**Your School’s Phone Number**

**Your School Email Address**  
(or personal email if no school email available)

**Number of days the child has attended during the current academic year**

**Number of days the child has been absent during the current academic year**

**Please state how long you have known this child**

---

**Performance**

Please tick to the right of each skill to indicate whether the student has a weakness or strength, or whether they are at the appropriate level for according to their age:

*Important: Please ensure that your school’s stamp/chop is placed over this table.*

<table>
<thead>
<tr>
<th>Area of Weakness</th>
<th>Age Appropriate</th>
<th>Area of Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solving ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-motivation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for classroom routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence in classroom routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays natural curiosity in classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate verbally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to interact with peers and adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative attitude with adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative attitude with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td></td>
<td></td>
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<tr>
<td>Self-confidence</td>
<td></td>
<td></td>
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<tr>
<td>Perseverance</td>
<td></td>
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<tr>
<td>Sense of humour</td>
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<td></td>
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<tr>
<td>Maturity</td>
<td></td>
<td></td>
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<tr>
<td>Resilience</td>
<td></td>
<td></td>
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<tr>
<td>General behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Politeness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth of personality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wherever possible, please provide specific anecdotal support for your views. Also, please include any recommendations you may have on the child’s placement or curriculum.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
<td>How does the child cope with separation from parents?</td>
</tr>
<tr>
<td><strong>Q2</strong></td>
<td>Describe the child’s character, interests and talents, strengths &amp; weaknesses.</td>
</tr>
<tr>
<td><strong>Q3</strong></td>
<td>How does the child interact with peers and adults?</td>
</tr>
<tr>
<td><strong>Q4</strong></td>
<td>How does the child react to new challenges in the classroom?</td>
</tr>
<tr>
<td><strong>Q5</strong></td>
<td>Does the child have the ability to focus on individual tasks? Please give an example of approximately how long they can focus.</td>
</tr>
<tr>
<td><strong>Q6</strong></td>
<td>Does the child require and learning/emotional support? If so, please give specific details (use an additional sheet of paper if necessary).</td>
</tr>
<tr>
<td><strong>Q7</strong></td>
<td>Please comment on the child’s social/emotional development.</td>
</tr>
<tr>
<td><strong>Q8</strong></td>
<td>Please describe the child’s work/play habits and pace.</td>
</tr>
<tr>
<td><strong>Q9</strong></td>
<td>Please describe the child’s use of receptive and expressive language for communication.</td>
</tr>
<tr>
<td><strong>Q10</strong></td>
<td>Are there any safeguarding concerns we should be aware of for this student?</td>
</tr>
<tr>
<td><strong>Q11</strong></td>
<td>Please add any additional comments which you think are relevant here:</td>
</tr>
</tbody>
</table>
The information provided on this reference form is accurate and to the best of my knowledge no information has been withheld. I understand that failure to disclose relevant information may lead to the withdrawal of an offer or admission of the student to Harrow Beijing.

Student's Full Name

Teacher's Signature

Position held within the school

Date (dd/mm/yy)