



英  
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YingHua  
International School



AN IB CHINESE-LANGUAGE  
IMMERSION PROGRAM.

YHIS.ORG 609-375-8015 admissions@yhis.org 18 MONTHS-GRADE 2 25 Laurel Ave, Kingston, NJ 0852 GRADE 3-GRADE 8 75 Mapleton Road, Princeton, NJ 08540

## YingHua International School Application Form

This form must be completed for all new students applying to YingHua International School. Once completed, please submit the form and \$75 non-refundable application fee to the Admissions Office at 25 Laurel Avenue, Kingston, NJ 08528.

Today's Date:

Student Name - Last Name	First Name	MI	Date of Birth	Gender	Grade Registering for
Current Address			City	Zip	
Home Phone			Chinese Name		

Parent 1 Information		Legal Guardian (Y /N )	
First name:		Last Name:	
Address if different from student:		E-mail Address (s)	
Business Phone:	Ext#	Cell Phone:	
Marital Status: Single Married Divorced Widower Legal Separation Is there a Court Order Custody Agreement? No Yes (Please provide a copy to the school for the portion pertaining to the child custody.)			

Parent 2 Information		Legal Guardian (Y /N )	
First name:		Last Name:	
Address if different from student:		E-mail Address (s)	
Business Phone:	Ext#	Cell Phone:	
Marital Status: Single Married Divorced Widower Legal Separation Is there a Court Order Custody Agreement? No Yes (Please provide a copy to the school for the portion pertaining to the child custody.)			

Step Parent, Legal Guardian or Other (if applicable)		Legal Guardian (Y /N )	
First name:		Last Name:	
Address if different from student:		E-mail Address (s)	
Business Phone:	Ext#	Cell Phone:	
Marital Status: Single Married Divorced Widower Legal Separation Is there a Court Order Custody Agreement? No Yes (Please provide a copy to the school for the portion pertaining to the child custody.)			

Please include the following:  
 Student Birth Certificate  
 Court Order Custody Agreement/Marital Separation Agreement, if relevant

Emergency Contact Information: (Please list one local contact other than yourself)

First Contact Name:	Relationship:	Daytime Phone Number:	Cell Phone:
Second Contact Name:			

Please choose the program you are interested in for your child(ren) and specify the desired schedule (eg. days of week and/or weeks):

Regular Program      Summer Camp      Other

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date