

QUALITY SCHOOLS INTERNATIONAL



PHOTO

Telephone/Fax: 867568156134 / 867568189031 www.qsi.org/china/zhu E-mail: zhuhai@qsi.org

STUDENT APPLICATION 2019-2020

CHILD INFORMATION:

_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Name	Sex (M/F)	Birthdate	Will Attend QSI
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Name	Sex (M/F)	Birthdate	Will Attend QSI
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Name	Sex (M/F)	Birthdate	Will Attend QSI

Please indicate if your children will use the following school services:

SCHOOL BUS: YES / NO

SCHOOL LUNCH: YES / NO

PARENT INFORMATION:

_____ / _____ / _____
(Title) Father's Name Occupation Company

_____ / _____ / _____
(Title) Mother's Name Occupation Company

LOCAL MAILING ADDRESS: _____

CONTACT INFORMATION:

Mobile Tel (Mother): _____ Email _____

Mobile Tel (Father): _____ Email _____

Mobile Tel (Student): _____ Email _____

May we place your telephone number in our school directory distributed to parents? Yes / No

ORGANIZATION RESPONSIBLE FOR FEES: _____ (company or person)

DATE

SIGNATURE

A registration fee of 2100 RMB is required for each new student and should accompany the completed application form. This fee is non-refundable.

HOUSEHOLD INFORMATION

Language Information:

Primary (first) language is _____

Language spoken in home _____

Secondary language _____

Other _____

Comments: Any background information pertinent to language development:

The school uses pictures of students for newsletters, school website and other marketing purposes. No student names will accompany pictures. I grant permission for my child's (children) photo to be used for these purposes.

Yes _____ No _____

Emergency Information:

If unable to reach a parent, indicate **another person** to contact with address and phone numbers.

If emergency medical care is required, do you authorize school authorities to initiate medical care, transport to hospital, and possibly locating a nurse or doctor? ____**YES** ____**NO**

If you have a preference for a doctor or hospital, please indicate below:

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to my child(ren) in the event one of my child(ren)'s parents are not available at the time. ____**YES** ____**NO**

(Signature/Date)

STUDENT INFORMATION FORM

(QSI International School of Zhuhai)

2018-2019

STUDENT INFORMATION:

FAMILY NAME: _____ EXPECTED DATE OF ENTRY: _____ AGE: _____

GIVEN NAMES: _____ CITIZENSHIP: _____ SEX: _____

DATE OF BIRTH: _____ / _____ / _____ VERIFICATION: (COPY) Birth Certificate / Passport
Day Month Year

SCHOOL HISTORY

List of schools previously attended: (list last school first)

Level/Grade	Name of school	Location	Dates attended

Has student been in any special program? Yes _____ No _____

If Yes, specify: _____

Please attach student's records from previous schools.

If not available, please give full name and address of last school where records can be obtained.

HEALTH HISTORY:

Does your child take any medication regularly? Yes _____ No _____

If Yes, explain _____

Does your child have a health condition that school personnel should know about?

Yes _____ No _____ If Yes, explain _____

Please check the following items where appropriate and give date of occurrence:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Seizures | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Hospitalization/operations | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Vision (corrective lens) | |

If any of the above items are checked, please give additional details.

Please submit verification of all immunizations