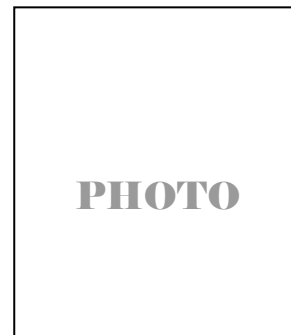




Office Use Only			
Application No:			
Roll Class:			
English Level:	M	ESL	Int

**SUZHOU SINGAPORE INTERNATIONAL SCHOOL
(SSIS)
STUDENT APPLICATION FORM**



Program: SSIS IB: _____ **SSIS: German:** _____

Do you have another child presently attending this school? Yes No

If yes student's name: _____

Has your child previously been enrolled at SSIS? Yes No

STUDENT DETAILS

Family Name: _____ Given Name: _____

English Name: (if any) _____

Sex: Male Female Religion: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____
(D/M/Y) (Passport Country)

Application to enter (Year/Grade Level): _____ If Applying for German Dept
Which state (Bundesland)
Expected date of school entry: (D/M/Y) _____ of Germany are you coming
from?

Expected length of stay in China: _____ When are you planning to
return to Germany?

EDUCATIONAL BACKGROUND

The school which the student is currently attending or which he/she last attended.

Name of School: _____ Current/Last Year/Grade _____

Full address of school: _____

Dates Attended: _____ Attending currently? Yes No

Other Schools Attended:

Name and Location	Classes/Grade levels	Dates	Language of Instruction
1.			
2.			
3.			

LANGUAGES

Primary Language(s) _____ Other Language(s) spoken in the
spoken in the home _____ home _____

Has your child studied in English? Yes No For how many years?

Number of years your child has lived outside his/her native country

All students in Years 1 to 12 whose first language is not English will take an English Proficiency Exam before entering SSIS

RESIDENTIAL DETAILS

City/District: _____

Street Name and No: _____

Apartment Name: _____

Block No/Room No: _____

Zip Code: _____

Home Phone: _____

SCHOOL BUS APPLICATION

1. Do you wish your child/children to take the school bus? Yes No

2. I wish my child/children to take the school bus : AM & PM Only AM Only PM

3. I wish my child/children to take the school bus _____
from this date:

STUDENT INFORMATION

NB Section "Student Information"

In order for SSIS to provide the very best support to your child's learning, it is essential that all details of this section are completed in full. Parents must give details of any previous special educational programs and results of any tests or assessments that have been carried out.

If it is found later that essential details have been withheld at the time of application the school reserves the right to withdraw acceptance of the student.

Has your child ever been placed in any special academic, social or emotional support (i.e. speech, learning, counseling) and/or psycho-educational testing? Yes No

If yes, which programs _____

Has your child repeated any grade levels/school years? Yes No

If yes, which?

Has your child been tested for a learning disability? Yes No

If yes, please explain _____

Has your child experienced any difficulties in school? Yes No

If yes, please explain _____

Particular hobbies, interests or talents of your child (eg. Music, Sports, Art) _____

MEDICAL INFORMATION

Has your child been vaccinated for the following?

MEASLES / MUMPS / RUBELLA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DIPHTHERIA / PERTUSSIS (Whooping cough) / TETANUS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
POLIO	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HEPATITIS (Gamma globulin)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Which childhood diseases has your child had? _____

Does your child have any special medical problems (including allergies)? Yes No
Does your child take any medication? Yes No
Does your child need corrective help for sight (glasses) or hearing Yes No

If yes, give details: _____

Does your child have any physical ailments, which would prevent him or her from participating in physical education classes or any other school activities? Yes No

If yes, please explain: _____



ONLY COMPLETE THIS SECTION ONCE

PER FAMILY

	Parent/Guardian 1	Parent/Guardian 2
Relation to student (eg mother, stepfather, aunt)		
First Name		
Last Name		
Main Language Spoken at Home		
Do you require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* IC / Passport No.		
* Type of IC / Passport		
Citizenship		
Race		
Is the company in SIP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Name and Address Please attach your business card to this application if you have one		
Position in Company		
Home Telephone No.		
Mobile Phone No.		
Office Telephone No.		
Office Fax No.		
Email address		
Address in Home Country		

Methods of Payment

	Company ف	Personal ف
Name of Contact Person		
Position & Department		
Telephone		
Fax		
Mailing Address		

MEDICAL AUTHORIZATION

- 1. I understand that in the event of an illness or accident to my child, Suzhou Singapore International School (SSIS) will make all reasonable attempts to contact the parent, and if warranted the parent will accompany their child for medical attention necessary outside the school.
- 2. I also understand that if my child shows any sign of being ill or unwell, my child may be isolated from the other children and given supervision.
- 3. In the event that I cannot be reached, I hereby grant SSIS full discretion to consult a licensed physician of SSIS's choice to attend to my child. All medical fees and any other expenses shall be borne by me.
- 4. I further understand that medication may be administered by SSIS's nurse according to the directions given by the licensed physician.
- 5. I hereby agree not to hold SSIS liable in any way whatsoever for such medical treatment provided to my child at the school.
- 6. I hereby authorize SSIS to administer the following common household medications:

Ailments	Medication
Insect Bites	Antiseptic lotion, Hydrocortisone Butyrate cream
Skin Irritation/Rashes	Antiseptic lotion, Hydrocortisone Butyrate cream
Bruises/Swelling	Reparil gel, Votalin ointment
Cuts/Open wounds	Normal saline, antiseptic lotion, bactroban
Burns	Normal saline, Silver sulfadiazine cream(Burns cream)
Headache	Tylenol (liquid form for K1-Y4,tablet form for Y5-Sec)
Common cold	Tylenol (liquid form for K1-Y4,tablet form for Y5-Sec)
Sore Throat	Golden Throat Lozenges
Sore Eye	Normal Saline

Note: Disposable applicators are used where need for hygiene purposes.

In case of an emergency please contact:

Family Name: _____

Given Name: _____

Home/Office Phone _____

Mobile: _____

Insurance Company _____

Insurance ID # _____

Parent/Guardian Signed

Date

The following are required before the application can be processed:

1. Completed Application form
2. Academic records for the last two school years
3. A copy of current vaccination record
4. A photocopy of the student & Parents' passports
5. 5 passport-size photos
6. A photocopy of the student's visa
7. Supporting documents of educational/psychological testing (if applicable)
8. Payment of non-refundable registration fee of RMB 1,500.00
9. Signed Enrollment Agreement



Suzhou Singapore International School FAX: 0512-62586388

OFFICE USE ONLY

Registration fee paid: Y N

Date: _____

Test Date : _____

Test Result (Y/N): _____

Confirmed starting Date: _____

Payment Notice Issued Date: _____

Received by: _____

Checked by: _____

Date: _____

Date: _____