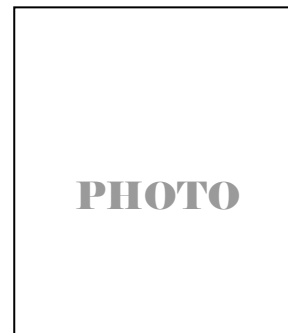




Office Use Only			
Application No:			
Roll Class:			
English Level:	M	ESL	Int

**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	
Expected date of school entry: (D/M/Y)		Which state (Bundesland) 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	
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Other Schools Attended:

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

LANGUAGES

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

- Do you wish your child/children to take the school bus? Yes No
- I wish my child/children to take the school bus : AM & PM Only AM Only PM
- I wish my child/children to take the school bus from this date: _____

PARTICULARS OF PARENTS / GUARDIANS

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 No	Yes No
* IC / Passport No.		
* Type of IC / Passport		
Citizenship		
Race		
Is the company in SIP?	Yes No	Yes No
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	Personal
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 me.
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 Bite	Dexamethasone Acetate Cream, Essential Balm
Skin Irritation/Rashes	Dexamethasone Acetate Cream
Swelling	Reparil-gel, Votalin Ointment
Common Cold	Tylenol (liquid form for K1-Y4, tablet form for Y5-Sec)
Cuts	Bactroban Ointment, Plaster, Antiseptic Lotion
Headache	Tylenol (liquid form for K1-Y4, tablet form for Y5-Sec)
Dizziness	Essential Balm
Burns	Zam-buk, Moist Exposed Burn Ointment
Sore throat	Golden Throat Lozenge

Note: Cotton-buds are used where applicable for hygiene purposes.

In case of an emergency please contact:

Family Name: _____

Given Name: _____

Home/Office Phone _____

Mobile: _____

Insurance Company _____

Insurance ID # _____

Signed

Date

DECLARATION

- a) I declare that to the best of my knowledge the information provided in this form is true and correct.
- b) I agree to make the payment of the charges outlined in the School Fees and Payment sheet.

Parent's / Guardian's Signature

Date

The following are required before the application can be processed:-

- 1. Payment of a non-refundable registration fee of RMB1,500.00.
- 2. Academic records from previous school for the past school year
- 3. A copy of vaccination record
- 4. A photocopy of the student & Parents' passports
- 5. 5 passport-size photos

Suzhou Singapore International School FAX: 0512-62586388

OFFICE USE ONLY

Registration No: _____

Class admitted to: _____

Fees Payable

Registration Fee _____

School Fee _____

Library Card Fee _____

Transportation Fee _____

Admin: _____
Signature

Marketing: _____
Signature

Finance: _____
Signature

Date: _____

Date: _____

Date: _____