**Bubble Kingdom International Kindergarten**

**Student Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applying for which grade?** | □Pre-K □K1 □K2 □K3 | **Applying for which year?** | □Sep. 2016 □Mar. 2017 |

1. **Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Last Name |  | First and Middle Names (as in passport) |  |
| Gender |  | Nationality |  |
| Date of Birth(yy-mm-dd) |  | Country of Birth |  |
| Country of Passport/ID |  | Passport Number/ID Number |  |
| Expected Start Date at BIK: | How many years do you plan to be at BKIK: |

1. **Family Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Father’s Last Name |  | Father’s First Name(s) |  | Father’s Nationality |  |
| Father’s Profession |  | Father’s Mobile Number |  |
| Mother’s Last Name |  | Mother’s First Name(s) |  | Mother’s Nationality |  |
| Mother’s Profession |  | Mother’s Mobile Number |  |
| Home Telephone |  | E-mail Address |  |
| Home Address |  |
| Do you have other children that are applying to BIK this year? | YES | NO |
| If Yes, please fill: | Name |  | Grade applying to | K1 | K2 | K3 |

1. **Language Profile**

|  |  |
| --- | --- |
| What is your child’s first language? (What language did your child learn when he/she first began to talk?) |  |
| If fluent in another language, what is your child’s second language? |  |
| What language does your child use most frequently at home? |  |
| What is your child’s English proficiency level in Listening? (5 is the highest, 1 is the lowest) | 5 | 4 | 3 | 2 | 1 |
| What is your child’s English Proficiency level in Speaking? (5 is the highest, 1 is the lowest) | 5 | 4 | 3 | 2 | 1 |

1. **Student’s Previous Schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the School | Location | Language of instruction | Year Level Attended | School Year |
|  |  |  |  | **to** |
|  |  |  |  | **to** |
|  |  |  |  | **to** |

1. **Student’s Medical Information**
	1. Does your child have any of the following? (Please tick where relevant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □Pox (Varicella) | □Eczema / Rash | □Rheumatic fever | □Measles | □Coordination problems |
| □Chicken Mumps | □Hospitalizations | □Whooping Cough | □Asthma | □Orthopedic problems |
| □Diabetes | □Nose Bleeds | □Stomach problems | □Epilepsy | □Hearing problems |
| □Ear problems | □Respiratory problems | □Concentration problems | □Other serious illness |

If you ticked any boxes above, please give descriptions:

* 1. Does your child have any allergies? □Yes □No If yes, please descript:

Allergic to: Typical reaction:

Medication (if any) taken:

* 1. Does your child take any medication (oral or injected) on regular basis? □Yes □No

If yes, please provide details:

*Note: If you wish school nurse to administer medication during school hours, please send a note with the student’s name, the reason for giving the medicine, dosage time and for how many days. Students must not administer their own mediation, unless permission has been granted by the parent, guardian.*

1. **Tuition Fee & Annual Capital Levy**

Tuition fee and Annual Capital Levy is paid by □Company □Family

If school fee payment will be made by company, please provide full details:

Contact person: Tel: Fax:

Name of the company (it is for the official receipt, i.e., Chinese Fa Piao):

Company address (the official receipt Fa Piao can be mailed to the address on request):

**Application Agreement** (by submitting this application to BIK, I agree to the following)

* I certify that the information provided on this application is complete and accurate. I understand that if complete and accurate information has not been provided, BIK may withdraw its offer of admission. □**Yes** □ **No**
* I understand that BIK reserves the right to determine the placement of my child in the grade level, class (teacher), programs or courses judged most appropriate for his/her school experience and age. □**Yes** □ **No**
* I authorize BIK to request further information form teachers, counselors, administrators and specialists from previous schools attended school additional information be require.□**Yes** □ **No**

**Application Checklist**

* A complete Application from
* A cope of each parent/guardian’s passport and valid documentation to reside in mainland China
* A copy of student’s passport and valid documentation to reside in mainland China
* A copy of student’s birth certificate
* Two passport photos of student
* A copy of student’s official school reports, Certificate of Attendance and Enrollment issued by previous school.
* A copy of any detailed specialist reports if Special Education Needs are identified in the application.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name of parent or guarding signing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**汇悦天启幼儿园**

**入园申请表**

|  |  |  |  |
| --- | --- | --- | --- |
| **申请入学年级** | □小小班 □小班 □中班 □大班 | **拟入学时间** | □2016年9月 □2017年3月 |

1. **学生信息**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓 |  | 名 |  |
| 性别 |  | 国籍 |  |
| 出生年月日(年-月-日) |  | 出生地 |  |
| 身份证明文件 | 护照/身份证 | 护照号码/身份证号码 |  |
| 预计到校时间： | 预计在汇悦天启学习多少年？ |

1. **家庭信息**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 父亲姓氏 |  | 父亲名字 |  | 父亲国籍 |  |
| 父亲职业 |  | 父亲联系电话 |  |
| 母亲姓氏 |  | 母亲名字 |  | 母亲国籍 |  |
| 母亲职业 |  | 母亲联系电话 |  |
| 住宅电话 |  | 电邮地址 |  |
| 住宅地址 |  |
| 您的孩子有兄弟姊妹拟今年入学汇悦天启幼儿园吗？ | 有 | 没有 |
| 如有，请填写 | 兄弟姊妹姓名 |  | 拟入学年级 | 小班 | 中班 | 大班 |

1. **语言能力**

|  |  |
| --- | --- |
| 您孩子的第一语言是？ (您孩子出生学习的第一种语言) |  |
| 您的孩子的第二语言是？（选填） |  |
| 您的孩子在家经常使用哪一种语言进行沟通？ |  |
| 您认为孩子的英语听力能力（5分为最高分，1分为最低分）？ | 5 | 4 | 3 | 2 | 1 |
| 您认为孩子的英语会话能力（5分为最高分，1分为最低分）？ | 5 | 4 | 3 | 2 | 1 |

1. **学习经历**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 学校名称 | 所在区域 | 授课语言 | 曾就读班级 | 持续日期 |
|  |  |  |  | **to** |
|  |  |  |  | **to** |
|  |  |  |  | **to** |

1. **学生健康及医疗情况**
	1. 学生是否有以下的健康情况？（请勾选相应内容）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □水痘 | □湿疹/皮疹 | □风湿热 | □风疹 | □感觉统合问题 |
| □腮腺炎 | □蚕豆症 | □百日咳 | □哮喘 | □骨头类问题 |
| □糖尿病 | □鼻腔出血/疾病 | □肠胃疾病 | □癫痫 | □听力问题 |
| □视力问题 | □呼吸道问题 | □集中力问题 | □其他重大疾病 |

如有勾选上述项目，请简短描述:

* 1. 学生是否过敏史? □有 □没有 如有说明：

致敏原: 典型反应:

过敏是需要服用什么药物

* 1. 学生是否有常规性口服或注射药物？ □有 □没有

如有，请简述口服或注射何种药物：

*注意：如果您希望我园保健医生在上学期间给孩子喂药，请在药物上标注学生姓名、用药理由、用药时间与分量，并且附上医生处方或诊断书，园医有权因信息不全而拒绝给孩子喂药。同时，除非家长或监护人书面同意，否则孩子不能自行服药。*

1. **学费与杂费**

入读我园所需要的学费与杂费，将由 公司 / 家庭 支付 （请勾出适合选项）

如果由公司支付，请提供以下相关资料：

联系人： 电话： 传真：

公司名称 （用以出具发票之用）：

公司地址 （用以邮寄发票之用）：

**申请协议**

* 我保证所填资料完整和准确。如果不能证明其准确性，汇悦天启幼儿园有权拒绝我的申请。□**同意** □ **不同意**
* 汇悦天启幼儿园有权根据实际能力和需要决定学生的年级、班级、授课老师、授课科目等。□**同意** □ **不同意**
* 汇悦天启幼儿园有权向申请人之前就读的学校、早教机构等了解相关学习情况。. □**同意** □ **不同意**

**入园申请资料清单**

* 完整的入园申请表一份
* 父母或监护人有效身份证明文件复印件一份（护照首页、有效逗留中国签署、身份证、户口本）
* 学生有效身份证明文件复印件一份（护照首页、有效逗留中国签署、身份证、户口本）
* 学生出生证复印件一份
* 学生护照规格照片两张
* 由之前学校出具的转园证明及在园评估报告原件各一份
* 由特殊教育机构出具的专家报告复印件一份（如有特殊学习需要）

**签名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 家长或监护人全名（正楷体）:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期: \_\_\_ \_\_\_\_\_\_\_\_**