



STUDENT APPLICATION FORM

Student Details (Give details as shown in passport)

Year level applying for: _____

Expected date of school entry: _____

Family Name: _____

Passport No. _____

Given Name(s): _____

Known As: _____

Gender: Male Female

Nationality: _____

Date of Birth: _____
(dd/mm/yy)

Place of Birth _____
(city / country)

Paste
student
photo here

Siblings:

Name	Gender	DOB (dd/mm/yy)	Current School	Applying for EtonHouse
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parents/Guardian Details

	Mother/Guardian 1	Father/Guardian 2
Family Name		
Given Name		
Nationality		
Native Language		
Position/Title		
Company/Organization		
Office Telephone		
Office Fax		
Mobile		
Email		
Address in China		
Home Telephone		

Previous School Details (Please fill in chronological order.)

Name of School		
City/Country		
Language of Instruction		
Grade/Year		
Dates Attended (month/year)	to	to

Language Details

First Language _____ Second Language _____ Others _____

Main language spoken at home _____

English ability: (Please tick all that apply)

- | | | | |
|--|--------------------------|---|--------------------------|
| No spoken English ability | <input type="checkbox"/> | Limited spoken English | <input type="checkbox"/> |
| Can understand English | <input type="checkbox"/> | Good spoken English | <input type="checkbox"/> |
| Recognises the letters of the English alphabet | <input type="checkbox"/> | Has been learning English for up to one year | <input type="checkbox"/> |
| Has been learning English for one to two years | <input type="checkbox"/> | Has been learning English for more than two years | <input type="checkbox"/> |

Student Medical History

Medical Information noted will be made available to EtonHouse teachers and staff. It is treated in confidence. Do you agree that this information may be shared as stated? Yes No

1. Does your child have any of the following?

Allergies (food,meds,insect)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis A/B/C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scoliosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anxiety Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrointestinal Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent Nosebleeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the above or your child has any additional medical concerns, please explain in detail: _____

2. Has your child had any major operations? Yes No
If you have ticked YES, please give more details:

3. Does your child need to use any kind of medical device – inhaler, epipen etc? Yes No
(This will require a backup to be stored with the EtonHouse nurse)
If you have ticked YES, please give more details:

4. Does your child take regular medication? Yes No
If YES, what is the name of the medication and how often does your child take it?

5. Please note your child's blood type (if known) _____

EMERGENCY CONTACT

In case of an accident/illness and both parents cannot be reached please contact (**OTHER THAN PARENTS**):

Name _____ Relationship to student _____

Tel (Home) _____ Tel (Office) _____

Mobile _____ Email _____

NOTE: It is the responsibility of the parents to inform the school if their child has a contagious illness that may potentially harm other students or EtonHouse staff.

It is the responsibility of the parents to update above information as needed.

Telephone/mobile numbers and email addresses are extremely important.

Student Support Service

1. Has your child ever been diagnosed with any of the following?

Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asperger's Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Writing Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mathematical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please explain)			

Has your child ever been supported by a special programme (e.g. gifted and talented, learning difficulty, speech language therapy, resource, behavioural or had any individualised testing (e.g. intelligence testing, writing, reading and maths diagnostics and/or psycho educational testing) ?

If YES, please outline details of the report and provide a copy of any written documentation.

2. Has your child ever repeated a grade level? Yes, which grade? _____ No
If YES, please provide details: _____

3. Has your child ever been suspended, asked to leave, or dismissed from school? Yes No
If YES, please provide details: _____

4. Does your child have any physical ailments which could affect participation in physical education classes? _____

5. Is your child entering Nursery or Reception? Yes No

If YES, please tick the following:

My child is toilet trained Yes No
My child can dress independently Yes No
My child can eat independently Yes No

6. Do your religious beliefs forbid your child from eating certain foods? Yes No

Pork

Beef

Others (please specify) _____

Payment Details

1. **School fee** payments will be made by:

- Company Parents Other _____
 Annually By Installment

2. **Bus fee** payments will be made by:

- Company Parents Other _____
 Annually By Installment
 Not applicable

3. Please select times for **school bus**:

- AM PM AM/PM Not applicable

Taking school bus beginning from the date _____

Invoice of the tuition fee shall be sent from our accountant to the parents by post. Please provide details below:

Receiver of Invoice	
Company/Organisation	
Address	
Tel	
Fax	
Email	

Uniform Size _____

GENERAL PERMISSION NOTE

Excursions

Please complete this general permission slip; this will cover all local visits for the academic year. You will be informed when excursions will take place.

Any excursions outside of the local Suzhou area will have separate permission slips.

I give permission for my child to attend class excursions for the academic year.

Parent Signature: _____

Student Photographs

- I agree that photographs, work or film that my child may appear in or contribute to, may be published in materials, brochures, website, in advertisements or press releases for EtonHouse International School - Suzhou and other EtonHouse Schools.
- I do not agree that photographs, work or film that my child may appear in or contribute to, may be published in materials, brochures, website, in advertisements or press releases for EtonHouse International School - Suzhou and other EtonHouse Schools.

Parent's/Guardian's Name: _____ **Relation to Child:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

TERMS AND CONDITIONS GOVERNING ENROLMENT

Parent/Guardian Agreement

Submitting this application signifies agreement with the following:

1. The parents/guardians and student will abide by EtonHouse International School - Suzhou (EHIS - Suzhou) policies and procedures.
2. The parents/guardians understand and agree that academic or diagnostic testing may be administered to the student.
3. Parents/guardians give EHIS -Suzhou permission to contact their child's previous schools in order to obtain information relevant to the student's application.
4. EHIS - Suzhou has the right to keep all the information that parents/guardians submit with the application.
5. Parents/guardians agree to pay all fees and tuition according to EHIS – Suzhou policy.
6. The parents/guardians agree to inform the school if any given information described in this application form changes.
7. Parents/guardians grant permission to EHIS -Suzhou to obtain emergency medical treatment for their child in the event that parents/guardians cannot be contacted.
8. I/We certify that the information provided in my child's application is accurate and complete. I/We understand that failure to do so is grounds for nullification of a student's enrolment at EHIS -Suzhou.
9. I/We have read, understood and agree to accept the Terms and Conditions Governing Enrolment and Admission. If this form has been signed/submitted by only one parent then that parent represents and warrants that she or he has the full irrevocable authority from the parent who has not signed to make decisions, communicate, give instructions and take actions in respect of the pupil and EHIS -Suzhou shall not be obliged to obtain the consent of both parents.

Parent's/Guardian's Name: _____ **Relation to Child:** _____

Parent's/Guardian's Signature: _____ Date: _____

The followings are required before the application can be processed

- 1500 RMB non-refundable Registration Fee

Note: Applications cannot be processed without payment of Registration Fee

- Completed Student Application Form
- Signed EtonHouse terms & conditions form
- Official school report from last two school years in English(or verifiable English translation), Chinese, Japanese or Korean
- Copy of current vaccination/immunisation record
- Copy of Student's Passport
- 2 Passport photos
- Copy of Parent's/Guardian's Passport/ID

ADMISSION OFFICER USE ONLY

Registration No. _____	Date of Application _____
Year grade placement (tentative) _____	Year placement confirmed by Principal _____
Commencement date _____	Withdrawal date _____
Bus _____	Morning bus arrival time _____ am
	Afternoon bus arrival time _____ pm
Admission Officer Name _____	Date _____
Signature _____	
Remarks : _____	
Confirmed by principal _____	Date _____
Signature _____	