



STUDENT APPLICATION FORM 入学申请表

Please Print 请用印刷体字体书写

Student Details 学生个人信息 (请按照护照或其它官方证件内容填写)

Year level applying for: 申请年级 _____ Expected date of school entry: 入学时间) ____年__月__日

Family Name: 姓 _____ Passport No. 护照号 _____

Given Name(s): 名 _____ Known As: 英文名 _____

Gender: 性别 Male 男 Female 女 Nationality: 国籍 _____

Date of Birth: 生日 _____ Place of Birth: 出生地 _____
(日/月/年) (城市/国家)

Siblings: 兄弟姐妹

Name 姓名	Gender 性别	DOB 生日	Current School 目前就读学校	是否申请就读于伊顿
				Yes 是 <input type="checkbox"/> No <input type="checkbox"/>
				Yes 是 <input type="checkbox"/> No <input type="checkbox"/>

Parents/Guardian Details 家长、监护人详细信息

	Mother/Guardian 1 母亲	Father/Guardian 2 父亲
Family Name 姓		
Given Name 名		
Nationality 国籍		
Native Language 母语		
Position/Title 职位		
Company/Organisation 公司名称		
Office Telephone 办公室电话		
Office Fax 办公室传真		
Mobile 手机号		
Email 电子邮件		
Address in China 中国住址		
Home Telephone 家庭电话		

Previous School Details 以前就读的学校 (请按时间顺序填写)

Name of School 学校名称		
City/Country 城市/国家		
Language of Instruction 教学使用语言		
Grade/Year 年级		
Dates Attended (month/year) 在校时间	年 月 ~ 年 月	年 月 ~ 年 月

Language Details 学生语言详细情况

First Language 第一语言 _____ Second Language 第二语言 _____

Others 其他语言 _____ Main language spoken at home 在家里主要使用的语言 _____

English ability: (Please tick) 英语水平 (请选择)			
No spoken English ability 不会说英文	<input type="checkbox"/>	Limited spoken English 英文口语有限	<input type="checkbox"/>
Can understand English 能听懂英文	<input type="checkbox"/>	Good spoken English 英文口语较好	<input type="checkbox"/>
Recognises the letters of the English Alphabet 认识英文字母	<input type="checkbox"/>	Has been learning English for up to one year 已学英文 1 年以内	<input type="checkbox"/>
Has been learning English for one to two years 已学英文 1 至 2 年	<input type="checkbox"/>	Has been learning English for more than two years 已学英文 2 年以上	<input type="checkbox"/>

Student Medical History 学生健康状况

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? 学校的老师和工作人员可以参阅学生的医疗状况方面的信息，但资料会保密存档，您是否同意资料让有关工作人员查阅？ 是 Yes 否 No

1. Does your child have any of the following? 您的孩子是否患过以下疾病？

Allergies 过敏症 (食物, 昆虫等)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Headaches 频繁头疼	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma (哮喘病)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems 听力障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes 糖尿病	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disorder 心脏病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy/Seizure Disorder 癫痫	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A/B/C A/B/C 型肝炎	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD 多动症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis 脊椎病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety Disorder 抑郁症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin problem 皮肤病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox 水痘	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech difficulty 语言障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal Disorder 肠胃疾病	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems 视觉障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Nosebleeds 长期流鼻涕	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other illness 其他疾病	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. If you have answered yes to any of the above or your child has any additional medical concerns, please explain in details: 如果您的孩子有上述的任何一种疾病，或孩子有其他任何用药方面的问题，请您注明详情：

2. Has your child had any major operations? 孩子是否有过较大手术？ Yes No

If you have ticked YES, please give more details: 如果是，请注明详情：

3. Does your child need to use any kind of medical device – inhaler, epipen etc?

您的孩子是否需要使用任何的医疗器具药物？如：吸入器，肾上腺素等。 Yes No

(这些器具药物需要有备份保存在学校护士处。)

If you have ticked YES, please give more details: 如果是, 请注明详情:

4. Does your child take regular medication? 孩子是否定期服药? Yes No If you have ticked YES, please give more details: 如果是, 请注明服药次数和时间:

5. Please note your child's blood type (if known) 请注明孩子的血型 (如果您知道) _____

EMERGENCY CONTACT 紧急联系方式

In case of an accident/illness and both parents cannot be reached please contact (**OTHER THAN PARENTS**):
如有事故发生或孩子突然生病, 无法与家长取得联系, 请通知:)

Name 姓名 _____ Relationship to student 与学生的关系 _____

Tel (Home) 家庭电话 _____ Tel (Office) 办公室电话 _____

Mobile 手机 _____ Email 电子邮件 _____

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.

注: 如果您的孩子有传染性疾病, 会危及其他学生和教师, 家长有责任通知学校。

若家长更新了联系信息, 家长有责任告知学校。
话和手机, 以及电子邮箱地址对我们非常重要。

Student Support Service 学生背景

1. 您的孩子是否被诊断出有以下症状?

Autism 自闭症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Delay 语言迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asperger's Syndrome 艾斯伯格症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental Delay 发展迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD/ADD 多动症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Delay 阅读迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability 身体障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No	Writing Disability 书写障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Impairment 言语障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mathematical Disability 数字障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other 其他症状 (请解释)			

2. Has your child ever been supported by a special program (i.e.: gifted and talented, learning difficulty, speech language therapy, resource, behavioral, etc.) or had any individualised testing (i.e.: intelligence testing, writing, reading and math diagnostics and/or psycho educational testing?) 您的孩子是否有受过特殊的训练 (如天赋方面的、学习障碍方面、语言矫正方面、行为方面等) 或有过任何的个人测试 (如智力测试、读写方面以及数学或心理教育方面的测试)。

如果有, 请您注明详情并提供书面文件。

3. Has your child ever repeated a grade level? 您的孩子是否在同一年级重读过? Yes, which grade? 是, 哪个年级? _____ No

If YES, please provide details: 如果是, 请注明详情:

4. Has your child ever been suspended, asked to leave, or dismissed from school? 您的孩子是否有过被劝休学或被学校开除的经历? Yes 是 No 否

If YES, please provide details 如果是, 请提供详情

5. Does your child have any physical ailments which could affect participation in physical education classes? 您的孩子是否存在影响上体育课的身体方面的障碍并需要提供特殊照顾?

6. Is your child entering Nursery or Reception? 您的孩子是否入幼儿部 Nursery 或 Reception 班 Yes 是 No 否
如果是, 请选择:

My child can dress independently 我的孩子会自己穿衣服 Yes 是 No 否

My child can eat independently 我的孩子会自己吃饭 Yes 是 No 否

My child is toilet trained 我的孩子会自己上卫生间 Yes 是 No 否

6. Do your religious beliefs forbid your child from eating certain foods? 您的宗教信仰是否禁止您孩子食用某种食物?

Yes 是 No 否

Pork 猪肉

Beef 牛肉

Others (please specify) 其他请注明: _____

Payment Details 付款情况

1. School fee payments will be made by: 学费支付人:

☞ Company 公司 Parents 家长 Other 其他人 _____

☞ Annually 按学年支付 Per Installment 按学期支付

2. Bus fee payments will be made by: 校车费用支付人:

☞ Company 公司 Parents 家长 Other 其他人 _____

☞ Annually 按学年支付 Per Installment 按学期支付

☞ Not applicable 不坐校车

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3. Please select times for school bus: 请选择校车时间:

AM 上午 PM 下午 AM/PM 上下午 Not applicable 不乘校车

Taking school bus beginning from the date 开始乘坐校车的日期 _____

如果在“公司”一栏打勾，请填写公司详情：

Contact Person 公司联系人	
Company/Organisation 公司名称	
Address 地址	
Tel 电话号码	
Fax 传真	
Email 电子邮件	

4. Uniform Size 制服尺寸

GENERAL PERMISSION NOTE

Excursions 外出旅游同意书

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 Foshan area will have separate permission slips.

请您填写下面的小纸条，这是您允许孩子参加学校所组织的所有苏州本地的外出旅游活动的同意书，有关具体的本地外出旅游时间，我们会提前告知您。对于佛山外地的任何一次外出旅游，我们会与您签署单独的同意书。

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

我同意我的孩子/孩子们参加学校组织的外出旅游。

Parent Signature: 家长签名 _____

Student Photographs 学生照片

- 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 – Foshan and other EtonHouse Schools.
- 我同意将我的孩子的照片，或是孩子的作品以及拍摄的短片等可以刊登在佛山伊顿国际学校以及其他伊顿国际学校的宣传册、网站或广告上
- 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 - Foshan and other EtonHouse Schools.
- 我不同意将我的孩子的照片，或是孩子的作品以及拍摄的短片等刊登在佛山伊顿国际学校以及其他伊顿国际学校的宣传册、网站或广告上。

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Parent's/Guardian's Name: 家长/监护人_____ Relation to Child: 与学生的关系_____

Parent's/Guardian's Signature: 家长/监护人签字_____ Date: 日期_____

Parent/Guardian Agreement 家长/监护人同意

Submitting this application signifies agreement with the following:

提交此入学申请表表明您同意接受以下条款:

1. The parents/guardians and student will abide by EtonHouse International School - Foshan (FEIS) policies and procedures. 家长/监护人和学生将遵守伊顿国际学校的政策和程序
2. The parents/guardians understand and agree that academic or diagnostic testing may be administered to the student. 家长/监护人理解并同意学校对学生实施学术评估测试。
3. Parents/guardians give FEIS permission to contact their child's previous schools in order to obtain information relevant to the student's application. 家长/监护人允许佛山伊顿国际学校与学生以前就读的学校联系, 以取得与学生报名相关的信息。
4. FEIS has the right to keep all the information that parents/guardians submit with the application. 佛山伊顿国际学校有权利保留家长/监护人所提交的报名信息。
5. Parents/guardians agree to pay all fees and tuition according to FEIS policy. 依据佛山伊顿国际学校的政策, 家长/监护人同意支付学费以及所有的费用
6. The parents/guardians agree to inform the school if any given information described in this application form changes. 如果报名表中的任何信息有所更改, 家长/监护人同意通知学校。
7. Parents/guardians grant permission to FEIS to obtain emergency medical treatment for their child in the event that parents/guardians cannot be contacted. 如果有紧急(意外)情况发生或孩子突然生病, 学校联系不到家长/监护人, 家长/监护人允许佛山伊顿国际学校对孩子进行紧急治疗。
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 FEIS. 我/我们确保孩子的报名申请信息是完整正确的。我/我们理解如果不能确保孩子的信息完整正确的话, 孩子在佛山伊顿国际学校的注册将无效。
9. I/We have read, understood and agree to accept the Terms and Conditions of 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 FEIS shall not be obliged to obtain the consent of both parents. 我/我们已经阅读且理解和同意报名规则的条款, 如果所提交的入学申请表是由一位家长签字或决定的, 那么他/她将有权威或全权负责对于孩子的学习做出决定, 与学校沟通, 给予指示和采取行动, 佛山伊顿国际学校将不会被迫接受两位家长的决定或准许。
10. 校长或学校管理层的人员有权力暂停或开除接触毒品、酗酒或破坏学校公共财产的学生的学籍。

Parent's/Guardian's Name 家长/监护人姓名: _____ Relation to Child: 与孩子的关系: _____

Parent's/Guardian's Sign 家长/监护人签字: _____ Date 日期: _____

The following is required before the application can be processed

学生注册必须做到以下几点

2000RMB non-refundable registration fee 注册费 2000 元（需缴纳现金，如放弃入学将不予退还）。

Note: Application cannot be processed without payment of Registration Fee 注:如果没有交注册费，入学申请无效。

Completed Student Application Form 填写完整的学生入学申请表格。

Official school report from last two school years in English (or verifiable English translation), or Chinese. 前两年学生所就读的学校需提供正规的英文报告（或可证实的英文翻译报告）或汉语报告。

Copy of current vaccination/immunisation record 目前接种/免疫记录的复印件。

Copy of Student's Passport 学生护照复印件。

2 Passport photos 两张护照照片。

Copy of Parent's /Guardian's Passport/ID 家长/监护人的护照/身份证复印件。

Signed EtonHouse Terms & Conditions of Enrolment and Admission form 签署伊顿国际学校入学条件及条款。

ADMISSION OFFICER USE ONLY 以下由招生办公室填写

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