



APPLICATION FORM

Please fill out the Application Form in English and submit via fax or e-mail or mail to the following address:

Primary Campus: 159 Diannan Road, Minhang District, 201100 Shanghai (上海市莘庄镇淀南路 159 号)
Tel: (021) 5488 8320, Fax: (021) 5488 5695

Secondary Campus: 189 Dongzha Road, Minhang District, 201100 Shanghai (上海市莘庄镇东闸路 189 号)
Tel: (021) 5488 3431, Fax: (021) 5488 5072

E-mail: enquiries@srisreggo.com Website: www.srisreggo.com

SRIS requires the following information before your child's application can be considered

- a) A current SRIS application form completed and signed.
- b) A copy of your child's passport and visa.
- c) 2 photographs (passport size).
- d) A non-refundable 2,500RMB registration fee.
- e) A completed SRIS health record.
- f) School report for the previous academic year.

A 2,500RMB NON-REFUNDABLE REGISTRATION FEE SHOULD ACCOMPANY THIS APPLICATION. WITHHOLDING OR PROVIDING MISLEADING INFORMATION MAY MAKE THIS APPLICATION VOID.

All students are subject to an individual screening before final class placement is made.

Parents will be required to give SRIS a copy of the final school report from the last school attended by their child at/or before the commencement of their placement at SRIS.

SRIS reserves the right to request additional information before a decision is made. All class placement is determined by the school and the school's decision is final.

Applying to start school on Day: _____ Month: _____ Year: _____ in Year (class applied for) _____

1. STUDENT INFORMATION

PERSONAL

Name: _____
In English Last Name First Name Middle Name

Gender: _____ Birth Date: _____ Birth Place: _____
dd/mm/yy

Nationality: _____ Passport No: _____ Siblings: _____

Previous School: _____ Previous Completed Class: _____ Country: _____

Home Address in Shanghai: _____ Zip Code: _____

Home Telephone: _____ Home Fax: _____ Emergency Contact No: _____

Date of Application: _____ Current class: _____

EDUCATIONAL

Please list all schools previously attended, beginning with the most recent one.

School Name	Dates Attended	Country/City	Language of Instruction	System (UK, US, International...)

Has the student ever skipped a class/been promoted a class? Yes No

Has the student ever repeated a class? Yes No

Has the student ever been expelled or suspended from a previous school(s)? Yes No

Has the student ever been assessed by a psychologist? Yes No

(If yes, please attach report)

If yes to any of the above questions, please give details: _____

2. PARENT/GUARDIAN INFORMATION

Please note that at least one of the parents or a legal guardian should reside with the child(ren) in Shanghai.

1. Guardian to whom all school correspondence should be passed

Name: (Mr. / Mrs.) _____
In English

Relationship to Student: _____ Mobile Phone: _____ Other Contact No: _____

Company Name: _____ Occupation: _____

Company Address: _____

Company Telephone: _____ Company Fax: _____ E-mail: _____

Private E-mail Address: _____

Please note that the guardian holds sole responsibility to maintain contact information. E-mail address and fax numbers are extremely important in the application process.

2. Second Guardian

Name: (Mr. / Mrs.) _____
In English

Relationship to Student: _____ Mobile Phone: _____ Other Contact No: _____

Company Name: _____ Occupation: _____

Company Address: _____

Company Telephone: _____ Company Fax: _____ E-mail: _____

Private E-mail Address: _____

Knowledge of Languages (Please indicate level of fluency: mother tongue/fluent/average/beginner)

PLEASE INDICATE THE CHILD'S MOTHER TONGUE

	English	Mandarin Chinese	Other (please state)	Other (please state)
Student				
Mother				
Father				
Other Guardian				

PLEASE DO PUBLISH FOLLOWING CONTACT DETAILS (PLEASE TICK THE APPROPRIATE BOXES) IN THE SCHOOL ADDRESS BOOK DISTRIBUTED TO ALL PARENTS. IF NO BOXES ARE TICKED, NO INFORMATION WILL BE MADE PUBLIC

Mother's Name: _____ Mother's Mobile No: _____

Father's Name: _____ Father's Mobile No: _____

Mother's E-mail: _____ Father's E-mail: _____

Address: _____ Home Phone Number: _____

I DO NOT OBJECT TO HAVING MY CHILD'S PICTURE USED IN SCHOOL OR OTHER PUBLICATIONS

I DO OBJECT TO HAVING MY CHILD'S PICTURE USED IN SCHOOL OR OTHER PUBLICATIONS

I declare that all the information provided above is correct.

Date

Signature

STUDENT MEDICAL HISTORY

Please complete this health form as your child's health is our primary concern. Should you require assistance completing this form, please contact the SRIS Nursing Office at (021) 5488 3431.

Student's Name (Last/First) _____

Gender (M/F) _____

Birth Date: (Day/Month/Year) _____

Class: _____

Person(s) to notify in an emergency

Mother: _____ Home Tel: _____ Mobile: _____

Father: _____ Office Tel: _____ Mobile: _____

Mother: _____ Home Tel: _____ Mobile: _____

Preferred Doctor/Clinic: _____

Address: _____

- **If you wish the school nurse to administer medication to your child, you should provide the nurse with the following WRITTEN information IN ENGLISH:
Name of Medication, dosage, time, and duration.**
- **The school nurse may administer practical first aid in the event of an accident or injury.
You will be contacted directly should the nurse consider your child needs minor medication on site**

I DO want my child to receive practical first aid

I DO NOT want my child to receive practical first aid

If your child allergic to any medication? _____

If yes, please explain. _____

**I give SRIS permission to contact a doctor and/or transfer my child to Shanghai United Family Hospital (1111 Xian Xia Road)
or to Global Health Care (Shanghai Kerry Centre, Room 301, 1515 Nanjing West Road, Shanghai) in case of emergency.**

I would like SRIS to contact a doctor and/or transfer my child to the clinic specified above in case of emergency.

I understand that SRIS will try to contact myself or the emergency contact person I have listed above as soon as possible.

Date

Signature

Student Medical History

Does your child have or has had anything of the following:

- | | | | |
|--------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Allergies | <input type="checkbox"/> Others |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Asthma | |

Please attach additional information if you ticked any of the above boxes.

In case of allergies, please list:

Drug: _____

Food: _____

Environmental: _____

Other: _____

Weight: _____ (kg) Height: _____ (cm)

Does your child take medication on a regular basis? If yes, explain. _____

Does your child have any physical limitations preventing him/her from taking part in PE classes?

If yes, please explain _____

Does your child wear contact lenses or glasses? _____

Date of last medical exam: _____ Date of last vision exam: _____

Date of last dental exam: _____

Describe any serious illnesses, hospitalizations, operations or injuries. _____

Are your child's vaccinations up to date for the following?

Name of vaccination/Dates Received (Day/Month/Year)

(Date must be provided for a complete application)

Measles/Mumps/Rubella _____

Diphtheria _____

Pertussis _____

Tetanus _____

Poliomyelitis (Oral/Inject) _____

Hepatitis A or Gamma-Globulin _____

Hepatitis B _____

Others _____

Date

Signature