



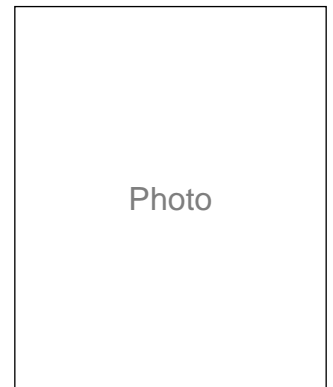
Application for Enrollment

For Little Scholar Academy

德意学堂入学申请

Student details 学生资料

GIVEN NAME (名)	ENGLISH (英文)		MANDARIN (中文)	
FAMILY NAME (姓氏)	ENGLISH (英文)		MANDARIN (中文)	
DATE OF BIRTH (出生日期)	DAY (日期)	MONTH (月份)	YEAR (年份)	GENDER (性别)
ENROLLMENT (计划入学)	DATE (日期)		AGE GROUP / OFFICE USE (年龄范围) / (学校填写)	
STUDENT TYPE (学生类别)	HALF-DAY (半天)	FULL-DAY (全天)	OTHER (其它)	
NATIONALITY (国籍)	CHILD (孩子)		MOTHER (母亲)	FATHER (父亲)
LANGUAGE (语言)	NATIVE (母语)		OTHER (其它)	
HOME ADDRESS (家庭住址)	HOME ADDRESS (详细地址)			POST CODE (邮编)



Parent contact details (家长联系资料)

	MOTHER (母亲)	FATHER (父亲)
GIVEN NAME (名)		
FAMILY NAME (姓氏)		
CONTACT LANGUAGE (交际用语)		
PLACE OF WORK (工作单位)		
MOBILE PHONE (手机号码)		
WORK PHONE (办公电话)		
EMAIL (邮箱地址)		

Designated Guardian The person(s) listed below has your permission to pick up your child. NOTE: They are at least 18 years of age and have proof of identification upon pick up.

指定监护人 请家长在下面表格里列出持有接小孩权限的接送人.接送人必须年满 18 岁并出示有效身份证。

Emergency Contact The person below will be contacted only in the event of an emergency when neither parent can be contacted.

紧急联系人 在出现紧急状况且无法与家长取得联系的情况下使用。

	1 ST GUARDIAN	2 ND GUARDIAN
GUARDIAN'S NAME (监护人姓名)		
RELATIONSHIP TO THE CHILD (与小孩关系)		
	3 RD GUARDIAN	4 TH GUARDIAN
GUARDIAN'S NAME (监护人姓名)		
RELATIONSHIP TO THE CHILD (与小孩关系)		

EMERGENCY CONTACT (紧急联系人)	
CONTACT'S NAME (联系人姓名)	
RELATIONSHIP TO THE CHILD (与小孩关系)	
MOBILE PHONE (手机号码)	
WORK PHONE (办公电话)	
HOME PHONE (家庭座机)	

Siblings 兄弟姐妹

	SIBLING 1		SIBLING 2		SIBLING 3	
NAME (姓名)						
GENDER (性别)						
AGE (年龄)						
LSA STUDENT (已是我校学生)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Allergies 过敏信息

MY CHILD HAS THE FOLLOWING KNOWN ALLERGIES(已知的过敏源):			
•	•	•	•
•	•	•	•
MY CHILD HAS MEDICATION THAT MAY NEED TO BE ADMINISTERED IN AN EMERGENCY: (是否有特定药物供小孩在紧急情况下使用) :			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	MEDICATION (药物信息)	

Marketing Statement 市场推广声明

OCCASIONALLY, LITTLE SCHOLAR ACADEMY USES IMAGES OF STUDENTS IN MARKETING AND PROMOTIONAL MATERIAL. PLEASE INDICATE YOUR PREFERENCE (偶尔, 学校会使用学生的图像用于市场推广及相关宣传资料的制作, 请选择):

YES, I give Little Scholar Academy permission to use images and pictures of my child in its marketing and promotional material. (同意学校在市场推广及制作相关宣传资料时使用孩子的图像)

NO, Little Scholar Academy cannot use images and pictures of my child in its marketing and promotional material. My child's photo may still appear in school publications intended for internal audiences (e.g., class photos). (不同意学校在市场推广及制作相关宣传资料时使用孩子的图像, 但可以在学校内部活动出现)

Uniforms 校服

UNIFORMS (校服种类)	POLO (SHORT SLEEVE)	POLO (LONG SLEEVE)	SWEATER	POLAR FLEECE	PANTS	DRESS	SHORTS	HAT
	短袖马球衫	长袖马球衫	运动衫	羊毛衫	长裤	连衣裙	短裤	帽子
# OF ITEM (选项)								
SIZE(尺码)								

Billing Information 账单信息

THE BILL FOR TUITION AND FEES SHOULD BE SENT TO (学杂费的账单寄往):

SHANGHAI HOME (现住宅)

EMPLOYER
(工作单位)

EMPLOYER'S NAME (单位名称)

ADDRESS(地址)

PHONE (联系电话)

EMAIL (邮箱)

I UNDERSTAND THAT A REGISTRATION FEE, THE FIRST MONTH'S TUITION AND THE ADMISSIONS AGREEMENT MUST ACCOMPANY THIS FORM, THAT ALL TUITION AND FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE AND THAT A 30-DAY WRITTEN NOTICE IS REQUIRED TO WITHDRAW MY CHILD FROM THE LITTLE SCHOLAR ACADEMY PROGRAM. MY REGISTRATION FEE AND THE FIRST MONTH'S TUITION IS FORFEITED IF MY CHILD DOES NOT BEGIN ATTENDING **LITTLE SCHOLAR ACADEMY** ON THE AGREED UPON START DATE.

(我了解: 注册费和第一个月学费以及付款协议在递交申请表时一同上交; 办理退学手续须提前30天并出具书面通知, 所有已支付的学杂费不能办理退款和转让, 如没有在协议日期内入学, 注册费及第一个月学费概不发还。)

PARENT/ GUARDIAN SIGNATURE (家长 / 监护人签名)

DATE (日期)

Address: No.450, Hong Feng Rd., Pu Dong, Shanghai

Website: www.scholaracademy.org

Email: info@scholaracademy.org Telephone: +86 21 38602211

SUPPLEMENTARY IMMUNIZATION AND MEDICAL HISTORY FORM (免疫和病史) :

CHILD'S BLOOD TYPE (血型)		NAME OF CURRENT DOCTOR (现任医生)	
NAME OF CLINIC (诊所名称)		ADDRESS OF CLINIC (诊所地址)	

(1) Medical history. Does your child have any of the following? (病史。你的孩子有过下列病历吗?)

- | | | |
|--|-------------------------|----------------------------|
| Asthma or breathing problems (哮喘和呼吸问题) | Cerebral Palsy (大脑性麻痹) | Seizures (癫痫) |
| | Dental problems (口腔问题) | Speech problems (语言障碍) |
| Attention Deficit / Hyperactive Disorder (多动综合症) | Diabetes (糖尿病) | Any injury (其它损伤) |
| | | Surgery (外科手术) |
| Behavioral problems (行为问题) | Head injury (头部损伤) | Vision problems (视力问题) |
| | Hearing problems (听力问题) | |
| Bladder problem (膀胱问题) | | Fracture/Cast (骨折) |
| | Heart problems (心脏问题) | |
| Bleeding problem (凝血功能障碍) | Lead poisoning (铅中毒) | Communicable disease (传染病) |
| Bowel problem (肠道问题) | Muscle problems (肌肉病变) | |

(2) Describe any other important health-related information about your child (for example, hospitalization, prescription, medical procedure or treatment etc.) which is not listed in (1) (描述与孩子健康相关的, 未被列入上述选项的其它重要信息, 如住院, 处方, 药物治疗等):

(3) Please provide an up-to-date immunization record of your child (请提供一份孩子的最新免疫记录) .

I CERTIFY THAT THE INFORMATION ABOVE IS A TRUE STATEMENT OF MY CHILD'S HEALTH CONDITION TO THE BEST OF MY KNOWLEDGE (我保证上述关于孩子健康状况的信息完全属实)

PARENT/ GUARDIAN SIGNATURE (家长 / 监护人签名)

DATE (日期)

How did you learn about us (您通过何种途径了解到我们学校)

Newspaper/Magazine (报纸 / 杂志) Website (网络) Kid's event (活动) Other parents (其他家庭)
Others (其它):

Additional comments (附加信息):