

APPLICATION FORM



虹橋國際學校

Hong Qiao International School

For Office Use Only

Date Received

Attach Student's
Photo Here

Hong Qiao International School is authorized by the International Baccalaureate to deliver the IB Primary Years Programme (PYP).



- A non-refundable Application Fee of RMB 2000 (valid only for the academic year for which you are applying) and all other application materials are required. Please refer to the Application Checklist for further information or visit the school website www.hqis.org.
- An application date is assigned to each Application Form upon receipt of the completed form and the Application Fee.
- At wait-listed levels, the application date becomes effective after formal acceptance.
- The admission reviewing process begins only after receiving all supporting materials and documents.
- The information on the Application Form is used by the Admissions Office and HQIS administration to develop an understanding of the student to better prepare him or her for entry to the classroom.

***Please complete the Application Form in English.**

Student's Personal Details

(Family) Last Name	(Given) First Name	Middle Name	Also Known As

Applying For: (please check all that apply) *Grade levels with a half day option.

- Nursery*
 Toddler*
 Early Years*
 Preschool*
 Pre-Kindergarten
 Kindergarten
 Elementary: Grade _____
 Middle School: Grade _____
 Half Day*
 Full Day

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Age	Gender	Date of Birth (mm/dd/yyyy)	Place of Birth (City, Country)
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Nationality	Passport Number	Date of Issue	Date of Expiration

Preferred Start Date: _____

Expected Length of Stay in Shanghai: _____

Language and Learning Profile

Student	Language	Fluency			
		(1 Beginner)	2 Intermediate	3 Advanced	4 Fluent)
First Language		1	2	3	4
Second Language		1	2	3	4
Third Language		1	2	3	4

Languages Spoken at Home

Mother to Child		Between Child and Siblings	
Father to Child		Between Parents	

(Please circle yes or no for the questions below.)

Has your child ever been enrolled in a full-time English speaking school?	Yes	No
Has your child received EAL (English as an Additional Language) support in other schools?	Yes	No

(If yes, please provide specific details and indicate the length of time.)

Where has your child studied English? (Please check all that apply and indicate length of time.)

- School _____ months/years
 Language School _____ months/years
 Home _____ months/years
 Private Tutor _____ months/years
 Other: _____ months/years

Parent's Information

Father's Full Name (Last, First)	Nationality
Mobile Number:	Home Phone:
Employer (if applicable):	Position/Title:
E-mail:	Office Number:
Office Address:	
Home Address:	
Oversea Address:	

Mother's Full Name (Last, First)	Nationality
Mobile Number:	Home Phone:
Employer (if applicable):	Position/Title:
E-mail:	Office Number:
Office Address:	
Home Address:	
Oversea Address:	

Siblings			
Name	Age	Gender	School Attending / Applying to Attend
1.		M / F	
2.		M / F	
3.		M / F	
4.		M / F	

Emergency Contact Information

Contact #1: Full Name (Last, First)	Relationship to Family
Mobile Number:	Home Phone:
E-mail:	Primary Language Spoken:
Contact #2: Full Name (Last, First)	Relationship to Family
Mobile Number:	Home Phone:
E-mail:	Primary Language Spoken:

Emergency Notification: It is the school's policy that if a child is injured seriously on campus (i.e. obtaining a head injury), the nurse and / or an HQIS administrator will take the injured child to a local hospital for immediate medical assessment. In these cases, a school employee will escort the child to the hospital, and it is the parents' responsibility to relieve the employee, as soon as possible, directly at the hospital. While this type of situation is rare, our ultimate concern is for your child's safety.

Educational Profile and History

List all schools previously attended, beginning with most recent school. School records must be provided for the last two school years for Elementary, and Middle School students.

Name of School	City, Country	Dates of Attendance (Month/Year - Month/Year)	Grade Level(s)	Language of Instruction

Most Recent School's Tel.:

Website:

Has your child been tested for or recommended for any of the following: (check all that apply)

- | | |
|--|--|
| Yes No
<input type="checkbox"/> <input type="checkbox"/> Gifted or talented program
<input type="checkbox"/> <input type="checkbox"/> Global delays/ developmental delays
<input type="checkbox"/> <input type="checkbox"/> Hyperactivity (ADHD)
<input type="checkbox"/> <input type="checkbox"/> Psycholinguistic disorder
<input type="checkbox"/> <input type="checkbox"/> Autism/Asperger's Physiotherapy
<input type="checkbox"/> <input type="checkbox"/> Language and speech disorder
<input type="checkbox"/> <input type="checkbox"/> Physiotherapy | Yes No
<input type="checkbox"/> <input type="checkbox"/> Dyslexia/dyspraxia/dysgraphia
<input type="checkbox"/> <input type="checkbox"/> Learning disability (if yes, specify type) _____
<input type="checkbox"/> <input type="checkbox"/> Emotional or behavioral disorder
<input type="checkbox"/> <input type="checkbox"/> Attention Deficit Disorder (ADD)
<input type="checkbox"/> <input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> <input type="checkbox"/> Other _____ |
|--|--|

Please explain any of the boxes checked yes above:

Has your child ever skipped a grade or repeated a grade?

Yes No

(If yes, please specify grade level(s) and reasons for skipping or repeating.)

Has your child ever been given an Individualized Education Plan (IEP) or modified curriculum?

Yes No

(If yes, please provide specific details and copies of educational and emotional support documentation.)

Has your child ever been suspended or dismissed from any previous schools?

Yes No

(If yes, please provide specific details.)

Has your child exhibited behavior problems at home or in a school setting?

Yes No

(If yes, please provide specific details and copies of educational and emotional support documentation.)

Has your child received any individualized testing? (i.e. Intelligence Testing, Speech and Language Testing, Psychological Testing)

Yes No

(If yes, please provide specific details and copies of testing results.)

Additional Comments:

(Parents: Please list out any further comments or information that may be helpful to us when evaluating your child's application.)

Student's Health History and Medical Records

Please check if your child has received the following childhood immunizations:

- | | | | | |
|----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Diphtheria/Tetanus | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> TB | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Hepatitis B | |

Has your child received medical referral or treatment for any of the following? (Please check all that apply)

- | Yes | No | Yes | No | Yes | No | | | |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Eye/Ear problems | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy/Seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent stomachaches | <input type="checkbox"/> | <input type="checkbox"/> | Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Menstrual problems | <input type="checkbox"/> | <input type="checkbox"/> | Head injury | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Infectious disease | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | Dermatological disease | <input type="checkbox"/> | <input type="checkbox"/> | Allergies - Environmental | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | ADHD/ADD (circle one) | <input type="checkbox"/> | <input type="checkbox"/> | Allergies - Food (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Blood disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Allergies - Drug (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Please indicate all specific food or drug allergies:

Please indicate all specific physical conditions that may require special attention:

Does your child routinely take medication(s)? If yes, please specify dosage, reasons for the medication(s), and how long your child has been taking medication(s).

Student Information: Required for Grades 3 and Above

(To be completed independently and in English by student)

How do you spend your free time?

What are your hobbies and interests?

List any extracurricular activities in which you have participated.

Have you ever volunteered in an organization or done any community service?

(If yes, please list organizations and indicate how long you were or have been involved in each, and briefly describe your involvement.)

Which of your school courses do you especially enjoy and why?

Which of your school courses do you find more difficult or challenging and why?

What do you think about living in Shanghai?

Parent Agreement

Please read the statements below and sign to indicate your agreement to the following.

Residence Statement

1	By signing this document, you are acting in accordance with national and local regulations regarding the enrollment of your child in this school (HQIS can only accept students possessing passports issued outside mainland China). In addition, you are confirming that the child seeking enrollment is living at the stated home address with the parent(s) full time.	Initials: _____
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Marketing Statement

2	HQIS students and staff are often filmed or photographed at school events or during their daily life at school as they participate in activities or class events. Some of these images or videos are used in the school's internal and external publications, including the school website and social media outlets. By signing and submitting this application, you are giving permission to the school to use images or videos which may or may not include your child. Should HQIS wish to include your child's image as a <i>feature</i> in a magazine, you will be notified and contacted to grant permission for use at that time.	Initials: _____
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Permission to Release School Records

3	Students who have attended school prior to HQIS must submit official records of all classes, grades, and activities. In most cases, HQIS confirms the integrity of these records directly with the school(s) prior to an enrollment decision. By signing below, you are granting HQIS permission to contact your child's prior school(s).	Initials: _____
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Support Services

4	In some cases, support services, including <i>English as an Additional Language or Learning Support Services</i> , may be requested by the school after the child is enrolled. In these cases the parent will receive a report explaining the need in detail, along with any supplemental fees. If the school believes these services to be necessary for the child's success, the fees must be paid to continue enrollment.	Initials: _____
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Philosophical Support Statement

5	Students learn best when parents and the school work together. It is this school's commitment to work with parents to help each child develop academically and socially. By applying for admission to HQIS, the parent(s) accepts the school's published values and mission, and supports the school in the realization of these objectives. HQIS's language of instruction and communication is in English. Parents also agree to follow the policies outlined in the HQIS Family Handbook.	Initials: _____
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Payment Policy Statement

6	By signing this document, you are agreeing to HQIS's published school fees, payment structure, and refund policy. You are confirming that parent(s) are responsible for the timely payment of all school-related fees. The school reserves the right to refuse admission or continued enrollment when the full amount of school fees are not paid as per the agreement.	Initials: _____
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I have read and agree to the statements above.

Printed Name (Last, First)	Signature
Circle one: Father / Mother	Date: mm/dd/yyyy _____