



上海耀中國際學校

YEW CHUNG INTERNATIONAL SCHOOL OF SHANGHAI

Please attach
3 photos
请附三张照片

Student Application Form

入学申请表

Passport/ID Name 护照 / 身份证姓名: _____
Family Name 姓 _____ Given Name 名 _____ Middle Name(s) 中间名 _____

Application date 申请日期: _____ / _____ / _____
DD 日 MM 月 YYYY 年



UNIVERSITY of CAMBRIDGE
Local Examinations Syndicate

Campus applied for 申请校区:

Puxi Campus 浦西

Pudong Campus 浦东

Passport/ID Name 护照 / 身份证姓名: _____
Family Name 姓 _____ Given Name 名 _____

Preferred name 常用名: _____ Chinese name 中文名: _____

Nationality/Citizenship 国籍: _____ Passport number 护照号: _____

Gender 性别: Male 男 Female 女 Date of expiry 护照到期日期: _____ / _____ / _____
DD 日 MM 月 YYYY 年

Date of birth 出生日期: _____ / _____ / _____
DD 日 MM 月 YYYY 年

Year level applied for 申请年级: _____

(Based on a review of age and previous school experience, the School will make the final decision as to the student's year level and programme placement.) (学校将审核学生年龄及学习经历来对学生的年级与课程安排作出最终的决定。)

Desired starting date: _____ / _____ / _____
希望入学日期 DD 日 MM 月 YYYY 年

Name of siblings(s) in YCIS Shanghai 报读本校的兄弟姐妹姓名:

- | | | |
|----------|---------------------------------------|---------------------------------------|
| 1. _____ | <input type="checkbox"/> Applying 申请中 | <input type="checkbox"/> Enrolled 已入学 |
| 2. _____ | <input type="checkbox"/> Applying 申请中 | <input type="checkbox"/> Enrolled 已入学 |
| 3. _____ | <input type="checkbox"/> Applying 申请中 | <input type="checkbox"/> Enrolled 已入学 |
| 4. _____ | <input type="checkbox"/> Applying 申请中 | <input type="checkbox"/> Enrolled 已入学 |

Home address in Shanghai 上海家庭住址:

Please included all details (i.e., district, compound name, road, lane #, building #, room #, etc.)
包括所有的细节 (例如: 区、小区名、路名、弄号、楼号、房间号、等)

English 英文: _____

Chinese 中文: _____

Home tel. number 家庭电话: _____

Parent / Guardian Information 家长 / 监护人资料

	Father / Guardian 父亲 / 监护人	Mother / Guardian 母亲 / 监护人
Family Name 姓		
Given Name(s) 名		
Chinese name 中文姓名		
Nationality 国籍		
Employer 公司名称		
Industry 行业		
Position 职位		
Tel. number 电话		
Fax number 传真		
Mobile number 手机		
Email 电子邮件		

Contact person 联系人(if other than parent/guardian 如果不是家长/监护人): _____

Email 电子邮件: _____ Contact tel. number 联系电话: _____

Student will live in Shanghai with 孩子在上海的同住人 (please tick all that apply 请在所有同住人前打勾):

Father 父亲 Mother 母亲 Guardian 监护人 (please specify relationship 请注明关系): _____

Expected length of stay in Shanghai 预计在上海居住年数: _____

Education Information 学历

Year/ Grade Level 年级	School name and website (please list most recent first) 校名及网站地址 (请先列出最近的)	Location (City, Country) 学校所在地 (城市、国家)	Language(s) of instruction 授课语言	System/ Curriculum (UK, US, etc) 体系/课程 (英制, 美制, 等)	Dates Attended (mm-yyyy to mm-yyyy) 就读时期 (月·年至月·年)
	_____ www. _____				
	_____ www. _____				
	_____ www. _____				
	_____ www. _____				

1. Has your child ever repeated or been promoted a year/grade level at a previous school? Yes 是 No 否
您的孩子在以前就读的学校是否有过复读某年级或跳级的经历?
If yes, please explain 如是, 请注明: _____

2. Has your child ever been placed in any special educational needs programme(s) to facilitate learning? (i.e., gifted and talented, individual or small group learning, in-class assistance, etc.) Yes 是 No 否
您的孩子是否曾被编入特殊学习需求班?(优才班、一对一或小班教育、课上额外辅导等)
If yes, please explain 如是, 请注明: _____

3. Are there any health or physical factors for which your child has had professional assistance (i.e., speech and language therapy, occupational therapy, etc.)? Yes 是 No 否
您的孩子是否有健康、生理问题而需要专家辅导?(比如言语与语言治疗, 职业治疗等)
If yes, please explain 如是, 请注明: _____

4. Does your child have any emotional and/or behavioural concerns which may impede his/her learning/participation at school? Yes 是 No 否
您的孩子是否有情绪及/或行为上的困难或问题而会影响其学习或出勤率?
If yes, please explain 如是, 请注明: _____

5. Has your child ever been suspended or dismissed from a previous school? Yes 是 No 否
您的孩子是否曾被学校停课或退学?
If yes, please explain 如是, 请注明: _____

Language Information 语言资料

	Student 学生	Father / Guardian 父亲 / 监护人	Mother / Guardian 母亲 / 监护人
1st/Preferred Language 第一/常用语言			
2nd Language (if applicable) 第二语言(如果有)			
3rd Language (if applicable) 第三语言(如果有)			

1. Language(s) primarily spoken at home 家庭主要沟通语言: _____

2. Has your child received any specialized language instruction apart from school in the following?

您的孩子在校外是否参加过以下的语言学习？

English 英文 Yes 是 No 否 If yes, please provide details 如是，请注明: _____

Mandarin 中文 Yes 是 No 否 If yes, please provide details 如是，请注明: _____

Other(s) 其他 Yes 是 No 否 If yes, please provide details 如是，请注明: _____

Student Medical Information 学生体格健康资讯

Medical Conditions 健康状况：

1. Please tick the appropriate box to specify if the student has had any of the following medical conditions. For each condition specified, also include (if possible) the age when the condition was first detected.

请在下表适当的框格内以「✓」号标明学生是否出现该项健康状况。若有，请同时标注发觉时的年龄。

✓	Condition 疾病名称	Age detected 发觉该 疾病时的 年龄
	Allergies 过敏反应	
	Asthma 哮喘	
	Congenital abnormalities 先天性疾病	
	Convulsions/Epilepsy 抽搐 / 癫痫症	
	Frequent headaches 频繁性头痛	
	Fainting 晕倒	
	Hearing difficulties 听力障碍	
	G6PD deficiency G6PD缺乏症	
	Heart problems 心脏问题	
	Chickenpox 水痘 or other infectious diseases 或其他感染疾病	
	Other(s) 其他	

✓	Condition 疾病名称	Age detected 发觉该 疾病时的 年龄
	Liver problems 肝脏疾病	
	Kidney disease 肾脏病	
	Diabetes 糖尿病	
	Blood disease 血液疾病	
	Tuberculosis 结核病	
	Vision problems 视觉问题	
	Mental health problems 智力 / 精神健康问题	
	Major/minor operation 大 / 小手术	
	Dermatological problems 皮肤问题	
	Frequent abdominal pain 频繁性腹痛	

2. Please give details on any items ticked above, or any other caution: 请对以上标有「✓」的状况，或其他需要注意的事项详加说明：

Name/Nature of condition(s) 状况的名称 / 种类：
Caused by (allergies, medication, etc.) 由哪种因素引起(过敏反应、药物、等)：
Action to be taken by staff 教职员工必须采取的措施：
Medication required 需要的药物：
Is medicine to be kept at school? 需要在学校服药吗? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 没有
If yes, please give details of how often medicine should be given, how and where medicine should be stored, and dosage required 请详述每隔多少时间服药，药需如何存放，存放何处及每次的剂量：

3. If your child is considered not suitable for participation in Physical Education (P.E.) lessons or any other type of school activities, please specify in the space below and submit a medical certificate for school reference:

若您的孩子不适合参加体育课或其他学校活动，请在「备注」栏中说明，并提交一份有关的体格证明，以供学校参考。

4. If your child has any special dietary requirement(s) or restriction for religious or other non-medical reasons, please specify in the space below 若您的孩子因宗教信仰或其他非药物类原因，在饮食上有特别要求，请注明：

Emergency contact(s) 紧急联系人：

1. Should a situation arise where emergency medical attention is required for your child, the school will immediately inform the person(s) you indicate below:

若遇紧急情况，您的孩子（学生）需要医疗服务，学校将马上联络下列紧急联系人。

Name 姓名	Relationship 关系	Contact telephone number(s) 联系电话

2. If the school is unable to contact you or any of the above contacts, please indicate if known, on the space provided below, the hospital or clinic you want your child taken to for emergency treatment.

若学校无法联络到上述联系人，请在下列横线上注明家长希望把学生送至紧急治疗的医院或诊所名称。

Preferred Hospital Name 首选医院名称

Note: If no hospital is designated by you, or if the emergency requires treatment that is not available at the hospital you have designated, the school will decide on and take your child to the nearest and most appropriate hospital according to the nature of the emergency.

请注意：若家长不指定任何医院，或指定的医院并没有所需之治疗服务，学校将根据紧急情况将学生送往就近最合适的医院。

3. Does your child have medical and accident insurance coverage? Yes 有 No 没有

学生是否持有医疗和意外保险？

Note: Parents/Guardians are responsible for arranging such insurance for their children, as the school does not provide such coverage.

请注意：学校不提供此类保险，家长有责任为孩子安排购买。

Immunisation Records 免疫注射记录:

Please state the initial dates and/or dates of the last immunisation boosters of the following:

请注明以下疫苗的注射日期及/或最后的免疫期:

Vaccine name 疫苗名称	Initial Date 日期	Booster Date 加强疫苗注射计量的时间
Bacillus Chalmette Guerin (BCG) 卡介苗		
Hepatitis B (HepB) 乙型肝炎疫苗 (乙肝)		
Hepatitis A (HepA) 甲型肝炎疫苗 (甲肝)		
Hepatitis A&B (HepAB) 甲型乙型肝炎疫苗 (甲乙肝)		
Oral Poliomyelitis (OPV) 脊髓灰质炎疫苗 (灰苗)		
Diphtheria Pertussis Tetanus (DPT) 白喉百日咳破伤风疫苗 (白百破)		
Purified Diphtheria Tetanus (DT) 白喉破伤风疫苗 (白破)		
Measles (MV) 麻疹疫苗 (麻苗)		
Japanese Encephalitis (JEV) 乙型脑炎疫苗 (乙脑)		
MeningoCoccus (MCV) 流行性脑膜炎疫苗 (流脑)		
Measles Mumps Rubella (MMR) 麻疹腮腺炎风疹疫苗 (麻腮风)		
Haemophilus Influenza- Type B (HIB) B型流感嗜血杆菌疫苗(流感菌-B型)		
Rubella (RV) 风疹疫苗 (风疹)		
Rabies (RAB) 狂犬病疫苗 (狂犬)		
Rabies Sero-immunity Agent (RAB-S) 狂犬病血清/蛋白 (狂免)		
Varicella Zoster (VZV) 水痘疫苗 (水痘)		
PneumoCoccal (PCV) 肺炎球菌疫苗 (肺炎)		
Influenza (FLU) 流行性感胃疫苗 (流感)		
RotaVirus (RVV) 轮状病毒疫苗 (轮病)		
Cholera (CV) 霍乱疫苗 (霍乱)		
Other(s) 其他: _____		

If possible, please also provide a photocopy of your child's complete immunization record from your family doctor.

如果家庭医生有给您孩子完整的疫苗记录单, 请同时附在表格中。

Responsibility For School Fees 学费支付资讯

	Company 公司	Parent / Guardian 父母 / 监护人
1. Placement Deposit 就读保证金	<input type="checkbox"/>	<input type="checkbox"/>
2. Tuition fees 学费	<input type="checkbox"/>	<input type="checkbox"/>
3. School bus fees (optional) 校车 (可选择)	<input type="checkbox"/>	<input type="checkbox"/>

If the company is involved in paying school fees, please provide details 若公司付费, 请提供以下资讯:

Company name 公司名称(中文): _____ Name of contact 联系人: _____

Position 职务/部门: _____ Tel. number 电话: _____

Email 电子邮件: _____ Fax number 传真: _____

Please contact the Accounts Division at tel: (+86 21) 6219 5910 ext. 217 or 219 or fax: (+86 21) 6209 1406 for fee or payment enquiries.

如需询问学费及付款事宜, 请与学校财务部联系: 电话(+86 21) 6219 5910转217或219或传真(+86 21) 6209 1406。

Application Requirements Check List 报名须知核查表

Using the school contact details below, please submit all of the following items in order to initiate the admissions process. Documents can be submitted in person or by fax, email, or mail. 为正式开始注册手续，请通过个人亲自递交，传真，邮件或快递的形式提供以下完整资料。学校联系方式请见表格下方。

- Student Application Form** (completed in full, signed and dated) **入学申请表**(填写完整，签名并标明日期)
- Photocopies of **school academic reports/records** and any other relevant documentation for the most recent two years. (For Year 1 applicants and below, please include any school reports/records, if available). These reports/records must be in either English or Chinese, translated if needed by an authorized agency. 申请二年级至十三年级的新生需提供最近两年的**成绩报告**复印件及其他相关文件。(申请一年级或以下的新生，请尽量提供学习成绩报告单或在校学习情况记录等档案。)文本必须是**英文或中文**，或者经公证处公证过的英文/中文译本。
- Application Fee** (non-refundable) of RMB2,000 **报名费**RMB2,000 (不可退还)
 - (a) Cash (in RMB only); or (a)现金支付(仅限人民币); 或者
 - (b) Electronic/bank transfer (Please refer to the YCIS Shanghai Fee Schedule document) 电汇、银行转账(请参见上海耀中学费表)Note: Credit card and personal cheques cannot be accepted. 注: 学校不接受信用卡与私人户口支票。
- Three passport-sized photos** for each child with the passport name of the child neatly printed on the back of each photo. 三张护照尺寸照片，请在每张照片后写清学生的护照名字。
- Photocopies of the passport and visa page** of both the child and the parents 学生和家长的**护照和签证页**的复印件
 - (a) **Hong Kong and Macau residents:** photocopies of the, **港、澳居民**，须提供永久性居民身份证，护照和<台港澳人员就业证>复印件
 - I. Permanent Identity Card
 - II. Passport
 - III. Taiwan / Hong Kong / Macau Staff Employment Permit
 - (b) **Taiwan residents:** photocopies of the **台湾居民**，须提供台胞证和<台港澳人员就业证>复印件
 - i. Mainland Travel Permit for Taiwan Residents
 - ii. Taiwan / Hong Kong / Macau Staff Employment Permit

Acknowledgment 确认事宜

YCIS Shanghai reserves the right to contact or obtain official records from any educational institutions previously attended by the student.

我授权上海耀中国际学校可联系学生以前就读的学校，或以前就读的学校获取有关的学历/学业成绩记录。

I hereby declare that all the information submitted in this application form is correct and complete. I understand and agree that if an Offer of Placement is issued by the School, it will be subject to the Terms and Conditions as stated therein.
我谨此声明在申请表上所填写的全部信息均真实和完整。如获学校发出的录取通知书，我理解并同意遵守录取通知书内的条款。

Signature of parent / guardian 父母 / 监护人签署: _____ Date 日期: _____

Name of parent / guardian 父母 / 监护人姓名: _____

YCIS Shanghai Campus Addresses 上海耀中国际学校校区的地址:

Puxi Campus: 11 Shui Cheng Road, Shanghai 200336, PRC

浦西校区: 中国上海市水城路11号200336

Tel 电话: (+86 21) 6242 3243 Fax 传真: (+86 21) 6242 7331

Pudong Campus: 1817 Hua Mu Road, Pudong, Shanghai 201204, PRC

浦东校区: 中国上海市浦东花木路1817号201204

Tel 电话: (+86 21) 5033 1900 Fax 传真: (+86 21) 6856 5907

Email 电子邮件: enquiry@sh.ycef.com Website 网址: www.ycis-sh.com