



日照耀华国际学校

Yew Wah International School of Rizhao

Please attach
3 photos
请附三张照片

Student Application Form

入學申請表

Passport name 護照姓名: _____
Family Name 姓 _____ Given name(s) 名 _____

Application date 申請日期: _____ / _____ / _____
DD 日 MM 月 YYYY 年

Passport name 護照姓名: _____
Family Name 姓 _____ Given name(s) 名 _____

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

Gender 性別: ☐ Male 男 ☐ Female 女 Date of birth 出生日期: ____/____/____
DD 日 MM 月 YYYY 年

Nationality 國籍: _____ Passport number 護照號: _____

Date of expiry 護照到期日期: ____/____/____
DD 日 MM 月 YYYY 年

Year level applied for 申請年級: _____

(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.) (學校將審核學生年齡及學習經歷來對學生的年級與課程安排作出最終的決定。)

Desired starting date: ____/____/____
希望入學日期 DD 日 MM 月 YYYY 年

Name of siblings(s) in YWIS Rizhao 報讀本校的兄弟姐妹姓名 :

- | | | |
|----------|---------------------------------------|---------------------------------------|
| 1. _____ | <input type="checkbox"/> Applying 申請中 | <input type="checkbox"/> Enrolled 已入學 |
| 2. _____ | <input type="checkbox"/> Applying 申請中 | <input type="checkbox"/> Enrolled 已入學 |
| 3. _____ | <input type="checkbox"/> Applying 申請中 | <input type="checkbox"/> Enrolled 已入學 |
| 4. _____ | <input type="checkbox"/> Applying 申請中 | <input type="checkbox"/> Enrolled 已入學 |

Home address in Rizhao 日照家庭住址 :

English 英文: _____

Chinese 中文: _____

Home tel. number 家庭電話: _____

Contact person 聯繫人: _____ Contact tel. number 聯繫電話: _____

Parent / Guardian Information 家長 / 監護人資料

	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		

Student will live in Rizhao with 孩子在日照的同住人 (please tick all that apply 請在所有同住人前打勾):

☐ Father 父親 ☐ Mother 母親 ☐ Guardian 監護人 (please specify relationship 請注明關係): _____

Expected length of stay in Rizhao 預計在日照居住年數: _____

Would you require: School bus 校車 (optional 可選擇): ☐ Yes 是 ☐ No 否

School lunch 學校午餐 (optional 可選擇): ☐ Yes 是 ☐ No 否

Education Information 學歷

Year/ Grade Level 年級	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) 学校地址 (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 (几几年几月至几几年几月)
	_____ 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
您的孩子在以前就讀的學校是否有過複讀某年級或跳級的經歷？
If yes, please explain 如是，請註明: _____

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
您的孩子是否曾被編入特殊學習需求班？(優才班、一對一或小班教育、課上額外輔導等)
If yes, please explain 如是，請註明: _____

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、生理問題而需要專家輔導？(比如言語與語言治療，職業治療等)
If yes, please explain 如是，請註明: _____

4. Does your child have any emotional and/or behavioural concerns which may impede his/her learning/participation at school? ☐ Yes 是 ☐ No 否
您的孩子是否有情緒及/或行為上的困難或問題而會影響其學習或出勤率？
If yes, please explain 如是，請註明: _____

5. Has your child ever been suspended or dismissed from a previous school? ☐ Yes 是 ☐ No 否
您的孩子是否曾被學校停課或退學？
If yes, please explain 如是，請註明: _____

Language Information 語言資料

	Student 學生	Father / Guardian 父親 / 監護人	Mother / Guardian 母親 / 監護人
1st/Preferred Language 第一/常用語言			
2nd Language (if applicable) 第二語言(如果有)			
3rd Language (if applicable) 第三語言(如果有)			

1. Language(s) primarily spoken at home 家庭主要溝通語言: _____

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

您的孩子在校外是否參加過以下的語言學習？

English 英文 ☐ Yes 是 ☐ No 否 If yes, please provide details 如是，請註明: _____

Mandarin 中文 ☐ Yes 是 ☐ No 否 If yes, please provide details 如是，請註明: _____

Other(s) 其他 ☐ Yes 是 ☐ No 否 If yes, please provide details 如是，請註明: _____

Student Medical Information 學生體格健康資訊

Medical Conditions 健康狀況:

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.

請在下表適當的框格內以「✓」號標明學生是否出現該項健康狀況。若有，請同時標注發覺時的年齡。

✓	Condition 疾病名稱	Age detected 發覺該疾病時的年齡	✓	Condition 疾病名稱	Age detected 發覺該疾病時的年齡
	Allergies 過敏反應			Liver problems 肝臟疾病	
	Asthma 哮喘			Kidney disease 腎臟病	
	Congenital abnormalities 先天性疾病			Diabetes 糖尿病	
	Convulsions/Epilepsy 抽搐 / 癲癇症			Blood disease 血液疾病	
	Frequent headaches 頻繁性頭痛			Tuberculosis 結核病	
	Fainting 暈倒			Vision problems 視覺問題	
	Hearing difficulties 聽力障礙			Mental health problems 智力 / 精神健康問題	
	G6PD deficiency G6PD缺乏症			Major/ minor operation 大 / 小手術	
	Heart problems 心臟問題			Dermatological problems 皮膚問題	
	Chickenpox 水痘 or other infectious diseases 或其他感染疾病			Frequent abdominal pain 頻繁性腹痛	
	Other(s) 其他				

2. Please give details on any items ticked above, or any other caution: 請對以上標有「✓」的狀況，或其他需要注意的事項詳加說明：

Name/Nature of condition(s) 狀況的名称 / 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:

若您的孩子不適合參加體育課或其他學校活動，請在「備註」欄中說明，並提交一份有關的體格證明，以供學校參考。

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藥物類原因，在飲食上有特別要求，請注明：

Emergency contact(s) 緊急聯繫人：

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:

若遇緊急情況，您的孩子（學生）需要醫療服務，學校將馬上聯絡下列緊急聯繫人。

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.

若學校無法聯絡到上述聯繫人，請在下列橫線上注明家長希望把學生送至緊急治療的醫院或診所名稱。

Preferred Hospital Name 首選醫院名稱

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.

請注意：若家長不指定任何醫院，或指定的醫院並沒有所需之治療服務，學校將根據緊急情況將學生送往就近最合適的醫院。

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

學生是否持有醫療和意外保險？

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

請注意：學校不提供此類保險，家長有責任為孩子安排購買。

Immunisation Records 免疫注射記錄:

Please state the initial dates and/or dates of the last immunisation boosters of the following:
請註明以下疫苗的注射日期及/或最後的免疫期：

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) 骨髓灰质炎疫苗（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) 流行性感感冒疫苗（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.
如果家庭醫生有給您孩子完整的疫苗記錄單，請同時附在表格中。

Responsibility For School Fees 學費支付資訊

	Company 公司	Parent / Guardian 父母 / 監護人
1. Placement Deposit 就讀保證金	<input type="checkbox"/>	<input type="checkbox"/>
2. Tuition fees 學費	<input type="checkbox"/>	<input type="checkbox"/>
3. School bus fees (optional) 校車 (可選擇)	<input type="checkbox"/>	<input type="checkbox"/>
4. School lunch fees (optional) 學校午餐 (可選擇)	<input type="checkbox"/>	<input type="checkbox"/>

If the company is involved in paying school fees, please provide details 若公司付費，請提供以下資訊:

Company name 公司名稱(中文): _____ Name of contact 聯繫人: _____

Position 職務/部門: _____ Tel. number 電話: _____

Email 電子郵件: _____ Fax number 傳真: _____

Agreement 協議

1. The student and parent/guardian will adhere to the school rules and established policies and procedures of Yew Wah International School of Rizhao ("YWIS Rizhao" or the "school").
學生及我本人將遵守日照耀華國際學校("YWIS日照"或"學校")的規章制度及政策與程式。
2. The parent/guardian will settle or arrange for the settlement of the student's fees at YWIS Rizhao according to the school's fee payment schedules and policies. In particular, the parent/guardian assumes full responsibility to ensure the timely and ultimate payment of these fees, regardless of whether or not a third party has arranged to settle the fees directly with the school.
我同意根據日照耀華國際學校("YWIS日照"或"學校")的付款時限和政策為我的孩子支付各項費用。特別是，不管第三方是否已經直接為我安排支付費用，我同意承擔全部責任保證最後付款的即時性。
3. The parent/guardian is responsible for obtaining and renewing the student's visa and residency permit.
本人會負責取得並更新學生的簽證及住居許可。
4. The parent/guardian understands that in the event of an emergency in which their child is taken to hospital, the parent/guardian is responsible for any costs or fees incurred. It is the responsibility of the parent/guardian to ensure that the student is covered with comprehensive medical and accident insurance during his/her time at YWIS, as the school does not provide such coverage.
本人同時同意和理解若本人子女(學生)遇上任何緊急情況，需要送往醫院治療，本人會承擔所有有關費用。本人有責任為子女在日照耀華國際學校就學期間購買醫療和意外保險，學校不提供此類保險。
5. Students will travel by school transport and supervised at all times by staff members and/or other responsible adults who will exercise all reasonable caution. The parent/guardian allows the school to transport the student for any such inter-campus trips made during the current and subsequent academic years.
運動會，排練節目，音樂會等類似活動，學生將由校車接送，並由老師及/或負責的大人小心照看。本人同意學校在本學期及之後學年的此類校際活動中讓學生來往於校區之間。
6. There may be occasions when the school would like to use a student's image, whether in photographs or video footage, for purposes such as the production of the school's Yearbook, newsletters and Yew Wah magazines, etc., as well as the promotion of the school through the YWIS website, brochures, etc. The parent/guardian will allow YWIS to use the student's image for these purposes, unless the parent/guardian expressly indicates otherwise by written notice to the school office.
日照耀華國際學校在一些場合會使用學生的照片或錄影鏡頭，用於學校、家長通訊和今日耀華等刊物上。學生的肖像有時也會出現在日照耀華學校網站，小冊子、等宣傳上作為學校推廣活動之所用。若家長/監護人有異議，需明確表明，向學校辦公室另外說明，否則學校將默認家長/監護人允許學校使用學生的肖像作以上所述之用。
7. YWIS Rizhao reserves the right to contact or obtain official records from any educational institutions previously attended by the applicant.
我授權日照耀華國際學校可聯繫申請人以前就讀的學校，或從以前就讀的學校獲取有關的學歷/學業成績記錄。
8. All year levels and programme placements have a one-month probationary status. The school reserves the right to adjust the year level and/or programme of a student within this period based on assessments and observations of the student.
對於所有被錄取的學生，不論年級、年齡，都有一個月的試讀期。學校基於對學生的評估與觀察，保留在這一期間對學生年級與/或課程的調整權利。
9. YWIS Rizhao reserves the right to alter or rescind any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
我理解假如本人提供的資訊不正確或不完整，日照耀華國際學校有權變更或撤銷申請人的註冊或入學資格的權利。

I hereby declare that all the information submitted in this application form is correct and complete, and that I have read, understood, and agree to the above terms and conditions. 本人謹此聲明報名表所附檔中提供的所有資訊完整、屬實。我已閱讀、理解並同意所列的各項條款及內容。

Signature of parent / guardian 父母 / 監護人簽署: _____ Date 日期: _____

Name of parent / guardian 父母 / 監護人姓名: _____

Rizhao Campus: 368 Wu Lian Road, Rizhao, Shandong, P.R.C.

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