



Application for Enrollment

Visit Date (dd/mm/yy) _____ Date of first Attendance _____ (dd/mm/yy)

Part 1: Student Information

Student's Full Name _____ Student I.D _____
Surname First Middle

Applying to Grade: _____ Student's Age: _____ Date of Birth (dd/mm/yy) _____

Student's Chinese Name (if applicable) _____ Sex: O Male O Female

Citizenship _____ Passport # _____ Exp. _____

Local I.D (ARC) No. if dual citizenship _____

Previous school: name and country _____

Please indicate your child's ability to read and write in English: O fluent O good O fair O poor

Please indicate your child's ability to speak and understand spoken English: O fluent O good O fair O poor

Office Only ESL Test results Date: (dd/mm/yy)
Entry Grade (based on English proficiency)
ESL Not Needed
Needed Starting Date (dd/mm/yy) Grade Semester
Completion Date (dd/mm/yy) Grade Semester
Transfer records
Outgoing Transfer Date (dd/mm/yy) Incoming Transfer Date (dd/mm/yy)
Outgoing Transfer Date (dd/mm/yy) Incoming Transfer Date (dd/mm/yy)
This category is provisional only, and dependent on further, demonstrated English-proficiency in the classroom.



Part 2: Parent Information

Mother's family name: _____ Forename (s): _____ Chinese name _____

Home Tel. No. _____ Cell Phone No. _____

Home Address (In Chinese, if possible): _____

Name of Company/ Business _____

Title / Position: _____ Office Tel. No. _____ Fax No. _____

E-mail address _____

Does the mother understand and speak English? (Please circle) Yes / Little / None

Does the mother understand and speak Chinese? (Please circle) Yes / Little / None

Father's family name: _____ Forename (s): _____ Chinese name _____

Home Tel. No. _____ Cell Phone No. _____

Home Address (In Chinese, if possible): _____

Name of Company/ Business _____

Title / Position: _____ Office Tel. No. _____ Fax No. _____

E-mail address _____

Does the father understand and speak English? (Please circle) Yes / Little / None

Does the father understand and speak Chinese? (Please circle) Yes / Little / None

Names/ages of siblings:

Name _____ Name of School _____ Grade _____

Name _____ Name of School _____ Grade _____

Student's Health History

Does your child have any of the following?

- Frequent headaches
- Frequent stomachaches
- Eye/Ear problems
- Other _____
- Epilepsy
- Heart Disease
- Head Injuries
- Diabetes
- Asthma
- Allergies

Previous health condition that the school should be aware of, such as any serious injury, illness, surgery or other? (specify) _____

Does your child have any condition which may affect his/her ability to learn or focus?

- Autism
- Asperberger's Syndrome
- ADHD
- Other _____

Please note that HIS may not accept (or, in certain circumstances, retain) students if it is felt that the school is unable to accommodate their particular learning or behavioural difficulties.



Part 3: Local Contact Information

(Person other than parents to contact in case of emergency)

Name _____ Chinese name _____

Relationship to Family _____

Address in Taiwan _____

Home Tel. No. _____ Cell Phone No. _____ Office No. _____

Notes

When returning this form, please attach the following:

- Copy of child's passport
- Copy of child's Health/Immunization card
- Copy of child's most recent school reports

The school year is divided into two semesters and fees are payable at the beginning of each. The non-refundable Registration Fee is payable when registering your child initially and thereafter at the end of Semester 2 to secure a place for your child at the beginning of the following School Year. Other fees should be paid on registration days at the beginning of each term or on the child's first day of attendance. Any subsequent refunds are subject to the school's Tuition and Refunds Policy.

If your child has an accident or obviously needs medical treatment by a physician for any other reason, every effort will be made to contact the parents. In case this is not possible, we need your advance authorization to contact a doctor for treatment in emergencies. Please sign below in this case.

Medical Authorization

I understand that the school will make every effort to contact me if my child, _____, needs medical attention. If neither myself nor my husband/wife can be contacted, I authorize the school to contact a physician to provide any necessary treatment.

Signature _____ Date _____

Records Authorization

I authorize Hsinchu International School to contact my child, _____, 's previous school(s) for the purpose of obtaining past academic or health files.

Signature _____ Date _____

Declaration

All information and documentation provided on and with this application form is valid and correct to the best of my knowledge and belief.

Signature _____ Date _____