



# Hsinchu International School 新竹荷蘭國際學校

No. 290, Niu Pu East Road, Hsinchu 30091, Taiwan, ROC 新竹市牛埔東路290號 Tel: 886-3-5388113

Elementary Dept. email: elementary@hdis.hc.edu.tw Fax: 886-3-5388033

Secondary Dept. email: secondary@hdis.hc.edu.tw Fax: 886-3-5382628

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## APPLICATION FOR ENROLLMENT

Visit Date (dd/mm/yy) \_\_\_\_\_ Date of First Attendance (dd/mm/yy) \_\_\_\_\_

### Part 1: Student Information

Student's Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
*Surname First Middle*

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

Student's Chinese Name (if applicable) \_\_\_\_\_ Sex Male Female

Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_ Exp. \_\_\_\_\_

Local ID (ARC) No. if dual citizenship \_\_\_\_\_

Previous school: Name and country \_\_\_\_\_

Your child's ability to read and write in English Fluent Good Fair Poor

Your child's ability to speak and understand spoken English Fluent Good Fair Poor

### Office On

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.



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## Part 2: Parent Information

**Mother's** family name \_\_\_\_\_ Forename(s) \_\_\_\_\_ Chinese name \_\_\_\_\_ Home

Tel. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (in Chinese if possible) \_\_\_\_\_

Name of Company/Business \_\_\_\_\_

Title/Position \_\_\_\_\_ Office Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Does the mother understand and speak English?            Yes            Little            None

Does the mother understand and speak Chinese?            Yes            Little            None

**Father's** family name \_\_\_\_\_ Forename(s) \_\_\_\_\_ Chinese name \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (in Chinese if possible) \_\_\_\_\_

Name of Company/Business \_\_\_\_\_

Title/Position \_\_\_\_\_ Office Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Does the father understand and speak English?            Yes            Little            None

Does the father understand and speak Chinese?            Yes            Little            None

Names/ages of siblings

Name \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_



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### 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.

***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.***

### 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 \_\_\_\_\_



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## Part 3: Student Health History

Conditions								
	No	Yes	Diagnosed (year)		No	Yes	Diagnosed (year)	
Neurological (Seizure, headache, syncope)				Endocrine (diabetes/thyroid)				
Cardiac (Rhythm, sounds, murmur)				Nose (nosebleeds or severe allergies)				
Respiratory/pulmonary (asthma, cystic fibrosis)				Ears (infections, tubes, hearing)				
Musculoskeletal (postural/scoliosis, joint problems, fractures, back problems)				Blood disorders (anemia, G6PD, hemophilia)				
Gastrointestinal				Genitourinary				
Skin (eczema, rashes)				Psychological/Developmental (Depression, Anxiety)				
ADD/ADHD / Aspergers				Hospitalizations/Surgeries				

Other/Please describe any of the above:

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## Allergies

Allergic to: Food	Yes	No	Medication	Yes	No
Insect Stings	Yes	No	Environment	Yes	No

If yes, describe allergies, reactions/symptoms and treatments:

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## Daily Prescribed Medication

Name of Medication:

Purpose:

Dosage:

Time(s):

Name of Medication:

Purpose:

Dosage:

Time(s):

Name of Medication:

Purpose:

Dosage:

Time(s):

Additional relevant information regarding your child's health:

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## Part 4: Student Emergency Contact Info

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical health practitioner. All students are required to have this form completed for their protection while participating in athletics and activities. If you need to give us more information than space allows on any of the forms, please add it on an extra sheet of paper, or contact the school nurse.

Student's Name:		Date of birth:
Sibling(s) at HIS:	Transportation to/from HIS (please select one) School Bus      Parent pick-up      Taxi      Other	
Parent (1) Contact Information:	Parent (2) Contact Information:	Other emergency contacts (if parents are unavailable)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Mobile:	Mobile:	Mobile:
Current City of Residence:	Current City of Residence:	Current City of Residence:
Preferred Hospital (if possible)		

### Medical Authorization

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.

I understand that the school will make every effort to contact me if my child, \_\_\_\_\_, need medical attention. If neither myself nor my husband/wife can be contacted, I, \_\_\_\_\_ do hereby authorize the school administration to render first aid for illness or injury to my child named above. In the case of a medical emergency, I authorize the school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and/or one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release Hsinchu International School and any other of their officers, agents, employees or representatives from any and all liabilities, claims, losses or expenses arising from personal injury, death, or loss of, or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_