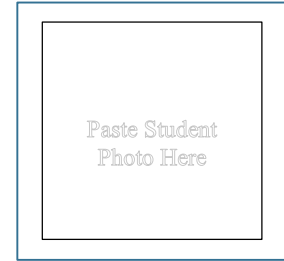




## Application for Admission



### Student Information

Student's Family Name: Gender (select one):  Male  Female  
 Student's First Name: City/Country of Birth:  
 Birth Date (DD/MM/YY): Nationality:  
 Age: Passport Number:  
 Grade Level Applying:  
 Language(s) spoken:  
 Primary language in the home:  
 Number of years child has spoken English:

### Family Information

Parent #1 Information (select one)  Father  Mother  
 Name (Last/First): Email:  
 Nationality: Mobile:  
 Employer: Position:  
 Language(s) spoken at home:  
 English Proficiency:  None  Little  Some  Fluent  Native  
 Parent #2 Information (select one)  Father  Mother  
 Name (Last/First): Email:  
 Nationality: Mobile:  
 Employer: Position:  
 Language(s) spoken at home:  
 English Proficiency:  None  Little  Some  Fluent  Native

### Sibling Information

Name: Grade: School:  
 Name: Grade: School:

### Emergency Contacts

Primary Name: Relationship to child:  
 Address: Mobile:  
 Secondary Name: Relationship to child:  
 Address: Mobile:



**Student Educational Profile**

Last School Attended: Address:  
Entry Year/Grade: Phone:  
Years Attended: Language(s) of Instruction:  
Curriculum Type:  
Prior School Attended: Address:  
Entry Year/Grade: Phone:  
Years Attended: Language(s) of Instruction:  
Curriculum Type:

Has the student been tested, diagnosed, or recommended for any of the following items (select NO or YES for each item):

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Gifted or talented program
<input type="checkbox"/>	<input type="checkbox"/>	Autism/Aspberger's
<input type="checkbox"/>	<input type="checkbox"/>	Global delays, developmental delay
<input type="checkbox"/>	<input type="checkbox"/>	Learning difficulty
<input type="checkbox"/>	<input type="checkbox"/>	Psycholinguistic disorder
<input type="checkbox"/>	<input type="checkbox"/>	Attention deficit disorder
Other (list):		

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	<input type="checkbox"/>	Language & speech disorder
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impaired
<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia/dyspraxia/dysgraphia
<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive
<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Behavioral disorder



**Select NO or YES for each question:**

Has the student skipped or missed a grade?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

Has the student ever repeated a grade?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

Has the student exhibited behavior problems at home or in a school setting?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

Has the student been suspended or expelled from any previous school?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

Has the student participated in behavioral management, counselling, or family therapy?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

**Student Health Information**

In order to best care for your child, we need information about your child's health. All information will be kept confidential and released on a need-to-know basis for GTIIT-AIS staff.

Has your child had any of these illnesses? Select NO or YES for each question:

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Measles  
 Mumps  
 Rubella (German measles)  
 Chicken pox

Other (list):

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Diarrhea  
 Eye infections  
 Ear infections  
 Constipation

Does your child have any special allergies? Select NO or YES for each question:

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Dust mites  
 Animals (cats, dogs, etc.)  
 Peanuts  
 Dairy products

Other (list):

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Sticking plaster  
 Insect bites or stings  
 Antibiotics

Blood type:	<input type="text"/>	RH Factor (select one if known):	<input type="text"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>
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Has your child has received the following immunizations/vaccinations? Select NO or YES for each item:

NO	YES		NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus
<input type="checkbox"/>	<input type="checkbox"/>	Rubella			
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria			
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis			

In addition to the vaccinations required above, we recommend but do not require vaccinations listed below:  
Tuberculosis, Hepatitis B, Encephalitis B, Rabies, Varicella and Meningitis.

Has your child received medical treatment for any of the following? Select NO or YES for each question:

NO	YES		NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Stomachaches
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Ear problems
<input type="checkbox"/>	<input type="checkbox"/>	Neurological disease	<input type="checkbox"/>	<input type="checkbox"/>	Infectious disease
<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Nose bleeds	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes

Other(list):

Does your child wear glasses or contact lenses?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	If YES, please explain:

Has your child had his/her eyes tested?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Date of Exam:
		Results:

Has your child had his/her hearing tested?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Date of Exam:
		Results:

Does your child take regular medication?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	If YES, provide names (chemical/generic) and dosages:

It is the responsibility of parents to inform the school if their child has a contagious illness that may potentially harm other students or GTIIT-AIS staff. Please inform the school if any of the information on this Health Information Form changes.



**Authorization for Emergency Medical Attention**

The above information on this health record is true and current. In the event of an illness or accident to my child, GTIIT-AIS will make all reasonable attempts to contact me. In the event that I cannot be reached to make arrangement for emergency medical attention, I authorize the School Administration to

- a) Consult a licensed physician of GTIIT-AIS's choice to attend to my child, and/or
- b) Take my child to the hospital emergency room.

All medical fees and any other expenses incurred above shall be borne by me.  
I hereby sign my consent and agreement to all the above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition Billing Information**

Upon enrollment, families sign the admissions letter in which they accept the responsibility for paying tuition and all fees. Any arrangement for tuition payment or reimbursement by another entity (such as the parent's employer) is outside the responsibility of GTIIT-Affiliated International School. We ask about such arrangements in order to track demographics, and we do not bill any other entities directly.

If a family fails to make one or more payments as outlined in the admissions letter, GTIIT-Affiliated International School may not allow the student to attend school or release the student's transcripts until the student's tuition account is current and in good standing.

Tuition paid by:  Self  Company  Company & Parent

Preferred parent for billing (First and Last Name):

Billing Email:

I guarantee that the preferred parent for billing above is responsible for the tuition payment of the student. I understand that tuition must be paid within two (2) weeks of receiving the tuition notice/reminder.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement to the Submission of the Admission Application**

Submitting the application constitutes the following:

1. The parent/guardian and student admitted will abide by the School's established policies and procedures.
2. The parent/guardian understands and agrees that ESOL, academic and/or diagnostic testing may be administered to the student to plan or enhance his/her educational program once he/she is registered and enrolled.
3. Photographs depicting GTIIT-AIS students including your child may appear in school website, social media, brochures, advertisements, and/or press releases; unless written notice is given to the School to exclude the child.
4. The parent/guardian understand that GTIIT-AIS may contact the student's previous schools in order to obtain information relevant to the school's application.
5. The parent/guardian agrees to inform GTIIT-AIS if any circumstances or information described in the application form changes.

I hereby certify that all information provided in this application is complete and correct. I understand that a student's admission/enrollment may be revoked if any information provided in the application is fraudulent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Admissions Checklist

In order for the Admissions Office to process your application, please submit the following items to [admissions@gtiit-bilingual.org](mailto:admissions@gtiit-bilingual.org).

- Completed **Application for Admissions** form. This form must be fully and accurately completed and signed by the parent or guardian.
- Copy of applicant's foreign, Hong Kong, Macau, or Taiwan passport, including date of birth
- Copy of applicant's Chinese residence visa (if issued).
- Copy of both parents' passports.
- Copy of both parents' Chinese residence visas (if issued).
- Copies of the last two years of applicant's previous school report cards (required for grade 1 and up) including comments on academic and social progress and behavior. If the report(s) is not in English, we will obtain translation locally.
- For applicants to Grades 1 and above, GTIIT-AIS Confidential School Report form filled by the child's most recent teacher for Kindergarten and elementary applicants, or a core subject (English, Math) teacher for Middle and High School applicants. The Report must be sent directly by the teacher or school representative through their official school email account to the admissions office. GTIIT-AIS will not accept letters submitted by anyone other than the teacher or the school representative.
- Copy of applicant's original immunization/vaccination record. GTIIT-Affiliated International School requires all enrolled students to submit documentation of vaccinations for Polio, Diphtheria, Pertussis, Tetanus, Mumps, Measles and Rubella. We recommend but do not require vaccinations for Tuberculosis, Hepatitis B, Encephalitis B, Rabies, Varicella and Meningitis.
- Copies of all relevant medical, behavioral, or psychological reports and/or psycho-educational testing results.
- Application Fee, non-refundable, 500 RMB. The Application Fee may be paid in Chinese RMB by bank wire transfer or cash. For bank transfer payments please ensure that student's name is referenced on your remittance to enable us to credit the student's account accordingly. Kindly e-mail your bank confirmation advice to [finance@gtiit-bilingual.org](mailto:finance@gtiit-bilingual.org). Any bank charges for wire transfers or transaction, etc. is the responsibility of the applicant.

Please use the following bank details:

Account Name: 汕头市广东以色列理工学院附属双语学校

Account No.: 44050110737500000035

Bank: 中国建设银行股份有限公司汕头广以学院支行