

Attach
student photo
here or
submit .jpg file



Application Checklist

- Completed and Signed Application Form
- Completed and Signed Enrolment Agreement
- Completed and Signed Health Questionnaire
- Application Fee of 2000RMB or 300USD (Non-refundable)
- Copy of Student's Passport
- Copy of Student's valid Chinese visa (when available)
- Copy of Student's Birth Certificate
- Copies of Parents' Passports
- Copies of Parents' valid Chinese visa (when available)
- Three Passport-sized Photographs
- School Transcripts/Report Cards for Last 2 Years (in English)
- Proof of Medical Insurance (in English)

The following part must be completed on each page in the presence of a CISS Admissions Officer:

Application Number: A _____ Student Number: S _____

APPLICATION FORM

Personal Information: Student (the "Student")

Legal Name		
Surname	First Name	Middle Name

Preferred	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth <i>Month/Day/Year</i>	Current Age
Nationality (Nationalities)	Passport Number	Country of Issue	Expiration Date

Current Address

Address in Shenyang, including Postal Code (if different from above)

Requested Entry Date: Fall (Term 1) _____ (Year) Spring (Term 2) _____ (Year) Immediate Other _____

Current Curriculum/Academic Program: Canadian American British IB Other _____

Last Grade Completed: _____ When Did the School Year End? _____

Current Grade: _____ **Grade Applying For:** _____

Is your child a returning CISS Student? Yes No If "Yes", in what grades and years did he/she attend CISS? _____

Will your child take the school bus? Yes No

Who will pay the school fees? Self Father's Employer Mother's Employer Other _____

What is your anticipated length of stay in Shenyang? _____

Personal Information: Parent(s)

Father's Name

Nationality(ies)

Passport Number	Country of Issue	Expiration Date
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Employer

Position

Business Address, including Postal Code

Business Telephone Number	Mobile Number (required)
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Email (required)

Address in Shenyang, including Postal Code (if available)

Mother's Name

Nationality(ies)

Passport Number	Country of Issue	Expiration Date
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Employer

Position

Business Address, including Postal Code

Business Telephone Number	Mobile Number (required)
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Email (required)

Address in Shenyang, including Postal Code (if available)

Home Telephone in Shenyang (if available)

Application Number: A _____

Student Number: S _____

Please note that at least one parent/guardian must be a legal resident of Shenyang while the student is enrolled at CISS.

Will at least one Parent be legally resident in Shenyang? Yes No

If Yes, please provide the P.R. C. Resident Permit Number(s) for each resident parent (if available):

Father: _____ Valid Until: _____

Mother: _____ Valid Until: _____

If the answer to the above is "No", please complete the following section .

Personal Information: Guardian

Name		Relationship to Child	
Nationality(ies)	Passport Number	Country of Issue	Expiration Date
Employer		Position	
Business Telephone Number	Business Fax Number	Mobile Number	Email
Address in Shenyang, including Postal Code (if available)			

(Non-Chinese Only) P.R.C. Resident Permit Number of the Guardian (if applicable): _____ Valid Until: _____

Personal Information: Other Children In The Family

Name	Date of Birth	Current School	Grade Level	Applying to CISS (Yes/No)

Student Academic Profile (please list all schools attended, from most recent)

School Name	City / Country	Dates Attended (from/to)	Grade Levels	Language of Instruction	Curriculum

Language History: Student And Family

1. Student's Primary Language: _____ Other Languages Spoken: _____
2. Father's Primary Language: _____ Other Languages Spoken: _____
3. Mother's Primary Language: _____ Other Languages Spoken: _____
4. Language(s) Spoken at Home: _____
5. Is your child currently enrolled in an English-language support program at school? Yes No
6. Has your child ever been enrolled in an English-language support program at school? Yes No
- If the answer to questions 5 or 6 is "Yes", please provide details: _____

Additional Information: Student

In order for us to determine the most suitable class for your child, please check either "Yes" or "No" to the following questions. Please note that your answer to these questions will not necessarily affect your child's admissibility, but will help us to choose the best class placement for your child.

1. Has your child ever been accelerated (skipped a grade)? If "Yes", please indicate grade(s) skipped: _____ Yes No
2. Has your child ever been in a Gifted Program? If "Yes", please indicate grade(s): _____ Yes No
3. Has your child ever been retained (repeated a grade)? If "Yes", please indicate grade(s): _____ Yes No
4. Does your child have any specific learning difficulties? Yes No
- If "Yes", please provide details and supporting documents: _____
5. Have previous teachers or administrators made you aware of your child showing learning and/or behavior difficulties? Yes No
- If "Yes", please provide details and supporting documents: _____
6. Has your child ever been enrolled in a Learning Support Program of any kind? Yes No
- If "Yes", please provide details and supporting documents: _____
7. Has your child ever had an Individual Educational Plan (IEP)? If "Yes", please provide a copy. Yes No
8. Has your child ever had a psycho-educational evaluation? If "Yes", please provide a copy. Yes No
9. Has your child ever received extra help during the school day or after school hours? Yes No
- If "Yes", please provide details: _____
10. Has your child ever been denied admission to a school? If "Yes", please provide details: Yes No
- _____
- _____
11. Does your child have any physical disabilities/impairments? If "Yes", please provide details: Yes No
- _____
- _____
12. Does your child have any medical conditions? If "Yes", please provide details: Yes No
- _____
- _____

Supplementary Information: Student

1. Please list special hobbies or interests of your child: (If allocated space is insufficient, please attach a separate sheet.)

2. Please provide any other information you feel would be useful in helping us educate your child:

3. Please provide any other information you feel would be useful in helping us to support your child's transition to CISS:
