

The Perse School Suzhou Middle School
Student Application Form
德佩斯苏州校区入学申请表



Student's Information 学生个人信息

Student's Full Name (as detailed on the passport) 学生姓名(与护照上一致): _____

Student's Preferred Name (学生常用名) : _____

Gender 性别: Male 男 Female 女

Date of Birth 出生日期: _____(YYYY)年 _____(MM)月 _____(DD)日

Passport No./ ID No. (护照/身份证) 证件号码: _____

Nationality 国籍: _____ Place of Birth 出生地点: _____

Residential Address 家庭住址: _____

1. Current School 现就读学校

School Name 学校名称	Location 所在地区	Dates Attended 就读学年	Year Groups 年级	Language of Instruction 授课语言
Name of contact person for reference purposes 在读学校联系人姓名		Job Title of Contact Person 联系人职位		
Phone Number 电话号码		Email 邮箱		

2. Previous Schools (in chronological order) 曾就读的学校 (请按时间顺序填写, 从小学阶段填起)

School Name 学校名称	Location 所在地区	Dates Attended 就读学年	Year Groups 年级	Language of Instruction 授课语言

3. Student's Language Proficiency 学生语言能力

Native Language 母语	Second Language 第二语言	Third Language 第三语言	Main Language Spoken at Home 家庭主要交流语言	Others 其他

4. Student's English Proficiency 学生英语能力

State the number of years the student has been learning English:

学生已学习英语的时间:

Please specify where the student has studied English:

如学生在学校以外地方学习英语, 请注明详情:

If the student has obtained any English qualifications, please specify:

如果学生已经获得了英语资质证书, 请注明详情:

Parent's or/and Guardian's Information 家长或/和监护人信息

① Full Name 姓名: _____ Nationality 国籍: _____ Native Language 母语: _____

Position 职位: _____ Company's Name 公司名称: _____

Mobile Number 手机号码: _____ Email 邮箱: _____

② Full Name 姓名: _____ Nationality 国籍: _____ Native Language 母语: _____

Position 职位: _____ Company's Name 公司名称: _____

Mobile Number 手机号码: _____ Email 邮箱: _____

Emergency Contact 紧急联系方式

In case of any emergency and both parents cannot be reached please contact:

如有事故发生或孩子突然生病, 无法与家长取得联系, 学校需与以下紧急联系人取得联系:

Full Name 姓名		Relationship 与学生的关系	
Mobile 手机		Home Telephone 家庭电话	
Email 电子邮件		Office Telephone 办公室电话	

Note: It is the responsibility of the parents to inform the school in advance if their child has a contagious disease that may potentially harm other students or staff. It is the responsibility of the parents to update the above information as needed ASAP. Telephone, mobile numbers and email addresses are extremely important.

注: 如果您的孩子有传染性疾病, 会危及其他学生和老师, 家长有责任提前告知校区相关工作人员。若家长更新了联系信息, 家长有责任及时告知校区相关工作人员。电话/手机以及邮箱地址对我们非常重要。

Medical Information 医疗信息

Medical information will be made available to teachers and other relevant staff. It is treated in confidence. Do you agree that this information is shared as stated?

校区的老师和工作人员可以参阅学生的医疗状况方面的信息, 但资料会保密存档, 您是否同意资料让有关工作人员查阅?

Yes 是 No 否

1. Please tick any disease your child has currently or previously had, providing full details in the space if necessary:

您的孩子是否患过以下疾病，如有必要请提供全部的医疗信息：

Asthma 哮喘病	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent headaches 频繁头痛	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes 糖尿病	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems 听力障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy/Seizure Disorder 癫痫症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disorder 心脏病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety Disorder 抑郁症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A/B/C 肝炎 (甲肝/乙肝)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal Disorder 肠胃失调	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis 脊椎病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Nosebleeds 经常性流鼻血	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin problem 皮肤病	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eczema 湿疹	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis 关节炎	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies(Please specify if your child is allergic to any food, plants, medications and chemical substance etc.) 过敏症 (请说明孩子对哪种食物、植物、药物、植物、化学物品等过敏) :			

If yes, please specify 如果是，请注明详情：

2. Please tick any contagious disease your child has currently or previously had. Please include the age they occurred where appropriate:

如果您的孩子患有以下的传染病，请在以下传染病列表下打钩，并填写您孩子患病的年龄：

Chicken Pox 水痘	<input type="checkbox"/>	Diphtheria 白喉	<input type="checkbox"/>
Mumps 腮腺炎	<input type="checkbox"/>	COVID-19 新型冠状病毒肺炎	<input type="checkbox"/>
German Measles 风疹	<input type="checkbox"/>	Poliomyelitis 脊髓灰质症	<input type="checkbox"/>
Hand, Foot & Mouth 手足口症	<input type="checkbox"/>	Scarlet Fever 猩红热	<input type="checkbox"/>
Measles 麻疹	<input type="checkbox"/>	Whooping Cough 百日咳	<input type="checkbox"/>
Other 其他	<input type="checkbox"/>		<input type="checkbox"/>

3. Please fill in the immunisation record of your child 请填写疫苗接种时间 (若没有，请写“无”)：

Vaccination 疫苗	Date 日期
Diphtheria Tetanus, Pertussis (DTaP) 白喉、破伤风、百日咳疫苗	
Rotavirus 轮状病毒疫苗	
Hepatitis A 甲型肝炎疫苗	
Hepatitis B 乙型肝炎疫苗	
Japanese Encephalitis 流行性乙型脑炎疫苗	
Meningitis A A群脑膜炎结合疫苗	
Measles, Mumps and Rubella (MMR) 麻疹、流行性腮腺炎、风疹疫苗	
Measles and Rubella 麻疹、风疹疫苗	
Haemophilus Influenza Type B (HIB) 乙型流感嗜血杆菌疫苗	

Inactivated Polio Virus (IPV) 剂脊髓灰质炎疫苗	
Tetanus and Diphtheria (TD) 破伤风和白喉疫苗	
Meningitis A and C A群C群脑膜炎结合疫苗	
Tuberculosis (BCG) 卡介苗	
Varicella 水痘疫苗	
Other 其他	

4. Has your child had any major operations?

您的孩子是否动过较大的手术?

Yes 是 No 否

If yes, please specify 如果是, 请注明详情:

5. Does your child need to use any kind of medical devices?

您的孩子是否需要使用任何的医疗器具?

Yes 是 No 否

Note: These medical devices will be kept at the Nurses' Station as back up appliances. Please give details.

注: 这些医疗器具在校区护士处多备一份以备用

6. Does your child need to take medicines regularly?

您的孩子是否需要定期服药?

Yes 是 No 否

If yes, please specify the medication schedule 如果是, 请注明服药次数和时间:

7. Please specify your child's blood type 请注明孩子的血型:

8. Does your child need to wear glasses or other corrective glasses?

您的孩子是否需要佩戴眼镜或者其他纠正视力的眼镜?

Yes 是 No 否

Student Support Service 学生辅助服务

It is important that you answer the following questions thoroughly so that we can offer the most appropriate support to your child to ensure that they can access the curriculum and achieve their full potential.

以下问题请您认真填写, 以便我们能够更好地帮助您孩子的学业, 充分发掘他们的潜力。

1. Does your child have any of the following?

您的孩子是否有以下症状?

Autism 自闭症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Delay 语言迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asperger's Syndrome 艾斯伯格症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental Delay 发展迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD/ADD 多动症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Delay 阅读迟缓	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability 身体障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No	Writing Disability 书写障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Impairment 言语障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mathematical Disability 数学障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety/ Depression 焦虑症/抑郁症	<input type="checkbox"/> Yes <input type="checkbox"/> No	Processing Delay 处理障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dyslexia 阅读障碍	<input type="checkbox"/> Yes <input type="checkbox"/> No	Others 其他症状 (Details 请说明)	
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2. Has your child ever received any support for the above educational needs identified?
您的孩子是否接受过上述问题的帮助?
 Yes 是 No 否
If yes, please specify and provide a copy of all related documents 如果是, 请注明详情并提供完整相关文件的复印: _____
3. Has your child ever experienced learning, social, emotional, mental health or behaviour issues?
您的孩子是否曾在学习, 社交, 情绪, 精神和行为上遇到问题?
 Yes 是 No 否
If yes, please specify 如果是, 请注明详情: _____
4. Has your child ever received support from an Educational Psychologist, Psychiatrist or other Specialist for any learning, social, emotional, mental health or behaviour issues?
您的孩子是否接受过教育心理学家, 心理医生或者其他有关学习, 社交, 情绪, 精神和行为方面专家的帮助?
 Yes 是 No 否
If yes, please specify 如果是, 请注明详情: _____
5. Has your child ever repeated a grade level?
您的孩子是否在同一年级重读过?
 Yes 是 No 否
If yes, please specify and provide the details including the grade which your child is retained
如果是, 请注明详情并提供重读的年级: _____
6. Has your child ever been suspended, asked to leave or dismissed from school?
您的孩子是否有过被劝休学或被学校开除的经历?
 Yes 是 No 否
If yes, please specify 如果是, 请注明详情: _____
7. Does your child have any physical ailments which could affect participation in physical education classes?
您的孩子是否存在影响上体育课的身体方面障碍并需要提供特殊照顾?
 Yes 是 No 否
If yes, please specify 如果是, 请注明详情: _____
8. Do your religious beliefs forbid your child from eating certain food?
您的宗教信仰是否禁止您孩子食用某种食物?
 Yes 是 No 否
If yes, please specify 如果是, 请注明详情: _____

Parent signature 家长确认签字: _____

Date 日期: _____

Admission Officer Use Only 招生官填写

Registration No. 注册号码	Date of Application 申请日期
Date of Meeting Students 学生调研日期	Commencement Date 开学日期
Placement Year Level Confirmed By Principal 校长确认学生的入学年级	
Admission Officer's Signature 招生官签字	Finance Officer's Signature 财务签字
Principal's Signature 校长签字	