SSIS
SUZHOU'S INTERNATIONAL SCHOOL

APPLICATION FORM

STUDENT INFORMATION

Name

Family Name	Given Name	Middle Name (If applicable)	Preferred Name

Gender

☐ Male ☐ Female

Date of Birth

Day | Month | Year

Passport

Passport Country: _____

Passport #: _____

Grade Level Applying for

☐ PN 1/2 ☐ PN ☐ N ☐ PK ☐ K

☐ G1 ☐ G2 ☐ G3 ☐ G4 ☐ G5

☐ G6 ☐ G7 ☐ G8 ☐ G9 ☐ G10

☐ G11 ☐ G12

Preferred Start Date

Program Applying for

☐ IB ☐ German

Has your Child been Enrolled at SSIS Previously?

☐ Yes ☐ No Dates: _____

Expected Length of Stay in China

Estimated Arrival Date	Estimated Departure Date
Day | Month | Year	Day | Month | Year

Siblings

Notes: We believe SSIS is a family-oriented school community, and it is important for families to be fully committed when they enroll with us. We admit new students on a family basis, and please list all the siblings to ensure we have accurate information.

Name:_____ ☐ Applying for SSIS ☐ Attending SSIS ☐ Attending Other School (School Name: _____)

Name:_____ ☐ Applying for SSIS ☐ Attending SSIS ☐ Attending Other School (School Name: _____)

Name:_____ ☐ Applying for SSIS ☐ Attending SSIS ☐ Attending Other School (School Name: _____)

Address in China

City/District:	Street # and Name:
Apartment Name:	Block #/Room #:

School Bus

Will you need bus service for your child? ☐ Yes ☐ No ☐ AM & PM ☐ Only AM ☐ Only PM

PARENT/GUARDIAN INFORMATION

	Parent/Guardian 1	Parent/Guardian 2
Relation to Student:		
Family Name:		
Given Name:		
Passport Country:		
Passport #:		
Email Address:		
Mobile Phone:		
Home Phone:		
China Address:		
Home Country Address:		

PARENT/GUARDIAN COMPANY INFORMATION

Company Name:		
Title:		
Company Address:		
Office Phone:		

EMERGENCY CONTACT

In case of an emergency and both parents cannot be reached please provide local contacts

Family Name:	Given Name:
Mobile Phone:	Home/Office Phone:
Email:	Relationship to Child:

BILLING INFORMATION

Please indicate where the school fee invoice should be sent and provide the correct contact information

☐ Parent/Guardian	☐ Company
Relationship to Student:	Company Name:
Mailing Address:	Contact Name:
Phone:	Phone:
Email:	Email:

EDUCATIONAL PROFILE

Has your child been tested or been recommended to be tested for any of the following: (Check all that apply)

	Yes	No		Yes	No
ADHD/ADD	☐	☐	Hearing	☐	☐
Autism/Asperger's/Neurodiverse	☐	☐	Language and Speech Needs	☐	☐
Dyslexia	☐	☐	Occupational Therapy	☐	☐
Dyspraxia	☐	☐	Physical Impairment	☐	☐
Dysgraphia	☐	☐	Physiotherapy	☐	☐
Dyscalculia	☐	☐	Speech Therapy	☐	☐
Emotional or Behavioral Needs (counselling)	☐	☐	Specific Learning Needs (i.e Reading, Writing, Math)	☐	☐
Gifted or Talented Program	☐	☐	Therapy	☐	☐
Global Delays/Development Delays	☐	☐	Vision	☐	☐
Other (please specify) _____				☐	☐

Please explain any of the boxes checked yes above:

Has your child ever had any individualized testing such as psycho-educational tests, intelligence tests, writing, reading or mathematics diagnostics, etc?	Yes	No
If yes, please give details:	☐	☐

Has your child ever been given an Individualized Education Plan (IEP) or modified program?	Yes	No
If yes, please provide specific details and copies of educational and emotional support documents:	☐	☐

Has your child exhibited behavior problems at home or in a school setting?	Yes	No
If yes, please provide specific details:	☐	☐

Has your child ever been suspended or dismissed from any previous schools?	Yes	No
If yes, please provide specific details:	☐	☐

Has your child ever skipped a grade or repeated a grade?	Yes	No
If yes, please specify grade level(s) and reasons for skipping or repeating:	☐	☐

EDUCATIONAL HISTORY

Name of Current School	
School Address:	Website:
Country:	Dates Attended From: _____ To: _____
Phone Number:	Current Grade Level:
Language Classes are Taught In: (e.g. English, Korean, German)	

Name of Previous School	
School Address:	Website:
Country:	Dates Attended From: _____ To: _____
Phone Number:	Current Grade Level:
Language Classes are Taught In: (e.g. English, Korean, German)	

Name of Previous School	
School Address:	Website:
Country:	Dates Attended From: _____ To: _____
Phone Number:	Current Grade Level:
Language Classes are Taught In: (e.g. English, Korean, German)	

LANGUAGE AND LEARNING PROFILE

Mother to Child:		Between Child and Siblings:	
Father to Child:		Between Parents:	

Please indicate what language your child speaks	Language	Fluency (1 Beginner 2 Intermediate 3 Advanced 4 Fluent)
First Language (primary):		☐1 ☐2 ☐3 ☐4
Second Language:		☐1 ☐2 ☐3 ☐4
Third Language:		☐1 ☐2 ☐3 ☐4

Has your child studied English?	Yes	No
If yes, how many years:	☐	☐

Has your child ever been enrolled in a full-time English speaking school?	Yes	No
If yes, how many years:	☐	☐

Has your child received EAL/ESL (English as an Additional or Second Language) support in school?	Yes	No
If yes, please provide specific details and indicate the length of time:	☐	☐

Where has your child studied English? (Please check all that apply and indicate length of time)

☐ School ____months ____years	☐ Language School ____months ____years	☐ Home ____months ____years
☐ Private Tutor ____months ____years	☐ Academy ____months ____years	☐ Other ____months ____years

MEDICAL AND HEALTH HISTORY

Please check if your child has received the following childhood immunizations:

☐ Diphtheria	☐ Hepatitis B	☐ Rubella	☐ Measles	☐ Mumps
☐ Polio	☐ Pertussis/Whooping Cough	☐ TB	☐ Tetanus	☐ Typhoid

Has your child received medical referral or treatment for any of the following? (Please check all that apply)

	Yes	No		Yes	No		Yes	No
ADHD/ADD	☐	☐	Depression	☐	☐	Heart Disease	☐	☐
Allergies-Environmental	☐	☐	Diabetes	☐	☐	Head Injury	☐	☐
Allergies-Food	☐	☐	Dermatological Disease	☐	☐	Infectious Disease	☐	☐
Allergies-Medications	☐	☐	Eye/Ear Problems	☐	☐	Kidney Disease	☐	☐
Anxiety	☐	☐	Epilepsy/Seizures	☐	☐	Menstrual Problems	☐	☐
Asthma	☐	☐	Frequent Headaches	☐	☐	Surgery	☐	☐
Blood Disorder	☐	☐	Frequent Stomachaches	☐	☐	_____		
Cancer	☐	☐	Gastrointestinal Disorder	☐	☐	Tuberculosis	☐	☐

Please list any additional or special medical problems diseases your child has had?

	Yes	No
Does your child need corrective help for sight or hearing?		
If yes, please give details:	☐	☐
Does your child have any physical ailments, which would prevent him or her from participating in physical education classes or other school activities?	Yes	No
If yes, please give details:	☐	☐
Does your child have any dietary requirements for religious or medical reasons?	Yes	No
If yes, please give details:	☐	☐
Does your child have any specific food or medication allergies?	Yes	No
If yes, please list all:	☐	☐
Does your child routinely take medication ?	Yes	No
If yes, please specify dosage, reasons for the medication, and how long your child has been taking medication:	☐	☐