

Application for Admission 入学申请表

Student Information 个人资料

Please use BLOCK LETTERS to complete this form 请用正楷填写各表

Family Name (as in passport) 姓 (护照姓)		Share two recent passport photos 近期照片展贴处
Given Name(s) (as in passport) 名 (护照名)		
Preferred Name (班级内选用名)		
Date of Birth 出生日期 Year 年 / Month 月 / Day 日	Gender 性别 ☐ M 男 ☐ F 女	
Nationality 国籍	Place of Birth 出生地	
Passport Number 护照号码	Date of Expiry 护照到期日 Year 年 / Month 月 / Day 日	
Home Address in Guangdong 在广东的家庭住址/或者 and/or ☐ interested in Boarding option 选择寄宿项目		
Home Address in Home Country 所属国家家庭住址		
Proposed Date of Entry to ZIS 申请入学时间	Year Level Applying for 申请年级	

Educational Information 学生教育经历

Please start with the most recent schools that your child attended to (由距今最近的就读学校开始填写)

Name of the School 就读学校名称	City & Country 就读国家及城市	Language of Instruction 授课语言	Type of School 学校授课体系	Grades 就读年级	Dates Attended 就读时间
			☐ IB ☐ US ☐ UK ☐ HK ☐ China ☐ Other		
			☐ IB ☐ US ☐ UK ☐ HK ☐ China ☐ Other		

Educational/Language Profile 教育/语言描述

Parent/guardian's assessment of child's fluency in English (Please tick the box as applicable to your child)

家长/监护人对孩子英语流利程度的评估 (请在符合您孩子情况的方格内打勾)

	Fluent 流利	Intermediate 中等水平	Beginner 初学水平
Spoken English 英语口语			
Writing ability 写作能力			
Reading ability 阅读能力			



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Parent/guardian's assessment of child's fluency in other languages (Please tick the box as applicable to your child)
 家长/监护人对孩子其他语言流利程度的评估 (请在符合您孩子情况的方格内打勾)

Other Language 其他语言	Fluent 流利	Intermediate 中等水平	Beginner 初学水平

Family Information 家长资料

Siblings 兄弟姐妹:	Name 姓名	Year Level 班级	Current School 现就读学校	Applying to ZIS? 申请加入 ZIS 吗?

	Father/Guardian 父亲	Mother/Guardian 母亲	Emergency Contact 紧急联系人
Family name 姓			
Given name(s) 名			
Citizenship 国籍			
Passport # 护照号码			
Residence permit# 签证号码			
Email address 电子邮箱			
First Language 第一语言			
Other Languages 其他语言			
Job title 工作职位			
Company Name 公司名字			
Company Address 公司地址			
Business Telephone 公司电话			
Zhuhai/China Mobile 珠海/中国手机号码			
Contact Priority 与学校联系时的家庭联系人	☐ First 第一 ☐ Second 第二	☐ First 第一 ☐ Second 第二	
Zhuhai/China Home Phone 珠海/中国家庭电话			

Please indicate any legal custody restrictions.
 如果学生父母离异, 请说明法律监管规定。

Student Special Educational Needs 学生特殊教育需求

Please indicate whether your child has been diagnosed as having any of the following Special Educational Needs:
以下请指出您的孩子是否进行过以下特殊教育需求的测试:

- | | |
|--|--|
| ☐ Attention deficit / hyperactivity disorder (ADD/ADHD) 多动症, 注意力不集中测试 (ADD/ADHD) | |
| ☐ Autism spectrum disorders (ASD) and Asperger syndrome 自闭症 (ASD) 测试 | |
| ☐ Behavioral, emotional and social difficulties (BESD) 行为、情绪及社交困难症 (BESD) 测试 | |
| ☐ Cognitive impairment: Moderate Learning difficulties (MLD) 认知障碍症: 中度学习障碍 (MLD) 测试 | |
| ☐ Cognitive impairment: Severe Learning difficulties (SLD) 认知障碍症: 严重学习障碍 (SLD) 测试 | |
| ☐ Down's syndrome 唐氏综合症测试 | ☐ Gifted and talented 天才测试 |
| ☐ Hearing/Vision impairment 听力和视力障碍测试 | ☐ Mental health issues 心理健康问题测试 |
| ☐ Physical impairment 身体物理损伤测试 | ☐ Profound and multiple Learning difficulties (PMLD) 深度和多重学习困难测试 (PMLD) |
| ☐ Sensory integration disorder 感统失调测试 | ☐ Other Learning difficulties 其它学习困难测试 |
| ☐ Speech and language communication difficulties 语言沟通困难测试 | |
| ☐ Any difficulty in previous schools 在以前学校学习期间是否有任何困难 | |

If you have ticked any of the above boxes, please provide the school with corresponding reports/documents
如果你在上述情况中勾选过任何一项, 请提供相关报告/文件

Student Health History 学生健康记录表

Student's Name (姓名) _____ Date of Birth (出生日期) _____

Please check the immunizations your child has received and attach a copy of the child's immunization record:
请家长检查学生接受过的免疫治疗并请提供学生的免疫记录复印件:

- | | |
|--|-------------------------------------|
| ☐ Measles / Mumps / Rubella 麻疹 / 腮腺炎 / 风疹疫苗 | ☐ Polio 麻痺症 |
| ☐ Diphtheria / Tetanus 白喉 / 破伤风 | ☐ TB 肺结核 |
| ☐ Pertussis (Whooping Cough) 百日咳 | ☐ Typhoid 伤寒 |
| ☐ Hepatitis B 乙型肝炎 | |

Does your child have any of the following? 你孩子有下面的健康问题吗?

- | | | |
|--|---|--|
| ☐ Frequent headaches 经常头疼 | ☐ Eye/Ear Problems 眼睛或耳朵疾病 | ☐ Menstrual Problems 月经问题 |
| ☐ Stomach problems 胃病 | ☐ Skin Condition 皮肤病 | ☐ Diabetes 糖尿病 |
| ☐ Asthma 哮喘 | ☐ Epilepsy 羊痫风 | ☐ Tuberculosis 肺结核 |
| ☐ Heart Disease 心脏病 | ☐ Neurological Disorder 神经失调 | ☐ Other 其他 |
| ☐ Allergies 过敏 _____ | | |

Please attach any relevant information or medical reports to explain any issues checked above or any other medical issues the school should be aware of. 请提供与上述情况有关的资料或报告, 或者其他任何值得学校注意的健康问题信息。

Does your child have any conditions which limit physical activity?

你的孩子有任何会影响体育活动情况吗?

☐ Yes 是 ☐ No 否

If yes, explain 如有, 请详列 _____

Does your child wear glasses or contact lenses? 你的孩子带眼镜或隐形眼镜吗?

☐ Yes 是 ☐ No 否

Does your child routinely take medication? 常规服用医药吗?

☐ Yes 是 ☐ No 否

If yes, explain 如有, 请详列 _____

Note: All medicine must be administered by the school nurse and stored with the school nurse. Advise the school nurse in written form with student's name, the reason for giving the medication, dosage, time and for how many days.

注意: 所有药物必须由学校护士管理, 并存放于学校护士处。请以书面形式通知学校护士, 并写明学生姓名、用药原因、剂量、服药时间和服药天数。

In the event of an emergency your child will be taken to the Fifth Affiliated Hospital Sun Yat-Sen University for emergency treatment unless otherwise requested by the parent/guardian. Please provide two emergency contacts.

除非家长或监护人另有要求, 在紧急情况下您的孩子将被送往中山大学附属第五医院接受治疗。请提供两位紧急联系人的信息。

1. Emergency contact name 紧急联络人姓名: _____ Mobile 电话号码: _____

2. Emergency contact name 紧急联络人姓名: _____ Mobile 电话号码: _____



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Transportation 校车

ZIS provides a bus service to and from school. Regular school buses are provided on schooldays (mornings and afternoons). A signed School Bus Service Contract is required if your child will use this optional service.

ZIS 提供往返学校的校车服务。学校于上课日（上午及下午）提供定时校车。如果您的孩子选择使用校车服务，您需要签署校车服务合同。

☐ No, my child will not need ZIS bus service

不，我的孩子不需要校车服务

☐ Yes, my child will need ZIS bus service

是，我的孩子将需要校车服务

School bus payment is made by ☐ Family ☐ Company
校车费用将由 ☐ 家庭 ☐ 公司 支付

School Fees 学费

In accordance with the published fee policy, payment is made by ☐ Family ☐ Company

根据已公布的收费政策，学费将由 ☐ 家庭 ☐ 公司 支付

Preferred payment frequency:

学费支付方式：

☐ Annually in advance (due by August 20 of each year)
提前支付一年学费（每年 8 月 20 日前支付）

Please advise the currency you are likely to use for your payment/s: 请勾选您要使用的付款币种：

Please nominate the likely method of payment:
请勾选您要使用的付款方式：

Meals 餐食

Daily salads and hot meals featuring Asian and Western recipes. This is optional for families who wish to pack their own snacks and lunches. We are happy to work with special dietary requirements

学校餐厅每天提供亚洲风味及西式沙拉和热食。您也可以选择自己为孩子准备点心和午餐。我们很乐意为您提供特殊要求的饮食。

☐ No, my child will not need meal service

不，我的孩子不需要在学校用餐

☐ Yes, my child will need meal service

是，我的孩子将在学校用餐

Meal service payment is made by ☐ Family ☐ Company
餐费将由 ☐ 家庭 ☐ 公司 支付

☐ Half-yearly in advance 提前半年支付
(due by August 20 and January 20 each year)
分别在每年 8 月 20 日前和 1 月 20 日前支付

RMB US Dollar Euro
☐ 人民币 ☐ 美元 ☐ 欧元

Cash Bank Transfer
☐ 现金 ☐ 转账/汇款

If school fee payment is made by company, please provide full details:

如果学费将由公司支付，请提供一下详细信息：

Contact Person 联络人: _____

Email 邮箱: _____

Tel 电话: _____

Name of company (for official receipt / Chinese *fapiao*)
公司名称（收据/发票抬头）

Company address (*fapiao* mailed on request)
公司地址（发票邮寄地址）

A payment Invoice will be issued by email from the Finance Office 10 working days after the application form is received. Please pay the school fee according to the bank account information outlined in the payment invoice.

收到入学申请表约 10 个工作日后，我校财务将会通过邮件给您发送详细的学费付款通知，请按照付款通知上面的银行账户信息支付学费。

Finance Office Contact 财务办公室请联络: jennyw@zischina.com +756 3221005

At ZIS we strive to develop dynamic and principled global citizens who have the skills and attitudes to enable them to become compassionate life-long learners who will contribute positively to the future of our world.

在ZIS，我们致力于培养与时俱进的具有各种技能及原则的国际公民，让他们成为富有同情心的终身学习者，在将来为我的世界做出积极的贡献。



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Application Checklist

ALL of the following must be received before the selection process begins:

- ☐ Payment of non-refundable application fee of ¥3,000 RMB
- ☐ A completed and signed application form
 - Copies of these student documents:
 - ☐ Passport
 - ☐ Birth Certificate (English translation)
 - ☐ Residence Permit
 - ☐ Immunization Record
 - ☐ Two Passport Sized Photos
 - ☐ Official School Reports and Certificate of Attendance from past two School Years (English translation)
 - ☐ Specialist reports of Special Education Needs
 - Copies of these parent documents:
 - ☐ Passport
 - ☐ Residence Permit
- ☐ Please provide the email addresses of two teachers from the student's previous school. We will send an online survey invitation to both teachers via email.

学校申请材料清单

学校需要收到下面所有的资料才能开始学生的入学甄别程序:

- ☐ 报名费 (不可退还) 3,000 元人民币
- ☐ 一份填写完整并签名的申请表
 - 以下**学生**资料的复印件:
 - ☐ 护照
 - ☐ 出生证 (英文翻译)
 - ☐ 居留许可文件
 - ☐ 免疫记录
 - ☐ 两张护照尺寸照片
 - ☐ 最近两学年就读学校的成绩报告 (英文翻译)
 - ☐ 特殊教育需求的专家报告
 - 以下**家长**资料的复印件:
 - ☐ 护照
 - ☐ 居留许可文件
- ☐ 请提供学生之前就读学校的两位老师的电子邮箱地址, 我们将会通过邮件向两位老师发送线上问卷邀请。

We understand that a family outside of mainland China may not have a Chinese visa or residence permit yet. You can submit your passport copies first and email visa or residence permit copies once they are available.

我们理解中国大陆以外的家庭可能还没有中国签证或居留许可。您可以先提交您的护照复印件, 一旦有了签证或居留许可复印件, 请通过电子邮件发送给我们。

☐ Yes 是 ☐ No 否

I have read the above information and fully understand and accept it. I guarantee that all the student information and documentation supplied is authentic and relevant documentation has not been withheld.

我已阅读以上资料, 并且理解和接受其内容。我保证所提供的学生信息真实无瞒。

☐ Yes 是 ☐ No 否

I have reviewed and fully understand the ZIS Fee Policy.

我已阅读并且完全理解 ZIS 的收费政策。

☐ Yes 是 ☐ No 否

I give permission for ZIS to initiate emergency measures in the event of accident or sudden serious illness. I also give permission for the school health staff to dispense routine first aid to my child for conditions such as cuts, abrasions, stomachache, and headache. I affirm that all information given in this application is complete and accurate. I understand that I am responsible for all reasonable medical fees incurred.

我允许 ZIS 在发生意外或突发严重疾病时采取紧急措施。我还允许学校的卫生工作人员在发生如割伤、擦伤、胃痛和头痛时对我的孩子进行常规急救。本人确认在此申请表中提供的资料是完整和完全正确的。本人明白发生的一切合理的医疗费用将由本人支付。

☐ Yes 是 ☐ No 否

I give permission for ZIS to provide counselling support for my child(ren) as part of the school's commitment to student wellbeing. I understand that the counselling team works to support students' emotional and social development, and that in order to build trust and encourage open communication, counselling sessions are treated with confidentiality. I acknowledge that if any safety concerns arise, the school will contact us immediately. For students in the Primary Years Programme, I will be informed when my child(ren) begins meeting regularly with a school counsellor. For Secondary School students, I understand that the decision to share counselling information with parents will be made collaboratively, taking into account the student's maturity and the nature of support needed. I accept that offering students space to express their thoughts and feelings confidentially often leads to better outcomes and stronger family communication over time.

我允许 ZIS 为我的孩子提供心理咨询支持, 也理解这是学校对学生福祉的承诺。我理解咨询团队的目的是支持学生的情感社交成长, 为建立信任而鼓励开放的交流方式, 咨询沟通 (内容) 将被视为保密信息。我了解如有任何安全顾虑出现, 学校将立即与我联系。如我的孩子是小学阶段在读生, 在有定期与校心理咨询老师沟通需要时, 我将收到通知。如我的孩子是中学在读生, 我理解与家长分享咨询信息会采取协作的方式, 兼顾考虑学生的成熟度和所需支持的性质。我接受学校为学生提供表达想法和感受的保密空间通常能带来更好的结果, 长远来看会强化家庭沟通。



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☐ Yes 是 ☐ No 否 I give permission for my child to attend school field trips, noting that the school will issue a special notice to inform me in advance of the excursion.
我允许我的孩子参加学校的实地考察旅行，同时学校也会发出特别通知提前告知我出行情况。

☐ Yes 是 ☐ No 否

I grant ZIS and the International Baccalaureate license to use my child's schoolwork in any medium for training, promotional or other purposes in relation to their activities. I also grant ZIS and the IBO permission to reproduce photographic and video images of my child for promotional or other purposes in relation to their activities. This includes school publications e.g. yearbook, newsletters, WeChat articles, and advertising.

本人授权 ZIS 及国际文凭组织在任何媒体上进行培训、宣传或其他相关目的的活动中使用我的孩子的学校作业。我还允许 ZIS 和 IBO 复制我的孩子的照片和视频图像，在他们的宣传以及其他相关目的的活动中使用。这一授权同样适用于学校出版物，例如学校年鉴、简报、微信文章和广告。

Signature of Parent 家长签名 _____

Date 日期 _____

Admissions Office Use Only

Date Received (yyyy/mm/dd): _____

Application Fee Paid ☐ Yes ☐ No

Admissions Officer: _____



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