



Shenzhen American International School

深圳市深美外籍人员子女学校

Application for Admission 入学申请表

Student Information 个人资料

Family Name (as in passport) 姓 (护照姓)		Passport Size Photo 近期照片粘贴处
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 <input type="checkbox"/> M 男 <input type="checkbox"/> 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 <input type="checkbox"/> 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 SAIS 申请入学时间	Grade Level Applying for 申请年级	

Educational Information 学生教育经历 (Start by the most recent school 由最近就读的学校开始填写)

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
			<input type="checkbox"/> IB	<input type="checkbox"/> US		
			<input type="checkbox"/> UK	<input type="checkbox"/> HK		
			<input type="checkbox"/> China	<input type="checkbox"/> Other		
			<input type="checkbox"/> IB	<input type="checkbox"/> US		
			<input type="checkbox"/> UK	<input type="checkbox"/> HK		
			<input type="checkbox"/> China	<input type="checkbox"/> Other		



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Family Information 家庭成员资料

	Father/Guardian 父亲	Mother/Guardian 母亲	Emergency Contact 除父母外的紧急联系人
Family name 姓			
Given name(s) 名			
Citizenship 国籍			
Passport/ID No. 护照/身份证号码			
Residence permit No. 居留许可文件号码			
Email 电子邮箱			
Language 使用语言			
Job title 工作职位			
Company Name 公司名字			
Company Address 公司地址			
Business Tel 公司电话			
China Mobile 中国手机号码			
Contact Priority 与学校联系时的家庭联系人	<input type="checkbox"/> First 第一 <input type="checkbox"/> Second 第二	<input type="checkbox"/> First 第一 <input type="checkbox"/> Second 第二	

Please indicate any legal custody restrictions.

如果学生父母离异，请说明法律监管规定。_____

Siblings 兄弟姐妹：

Name 姓名	Grade Level 年级	Current School 现就读学校	Applying to SAIS? 申请加入 SAIS 吗?



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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:

- | | |
|--|--|
| <input type="checkbox"/> Attention deficit / hyperactivity disorder (ADD/ADHD) 多动症, 注意力不集中测试 (ADD/ADHD) | |
| <input type="checkbox"/> Autism spectrum disorders (ASD) and Asperger syndrome 自闭症 (ASD) 测试 | |
| <input type="checkbox"/> Behavioral, emotional and social difficulties (BESD) 行为、情绪及社交困难症 (BESD) 测试 | |
| <input type="checkbox"/> Cognitive impairment: Moderate learning difficulties (MLD) 认知障碍症: 中度学习障碍 (MLD) 测试 | |
| <input type="checkbox"/> Cognitive impairment: Severe learning difficulties (SLD) 认知障碍症: 严重学习障碍 (SLD) 测试 | |
| <input type="checkbox"/> Down's syndrome 唐氏综合症测试 | <input type="checkbox"/> Gifted and talented 天才测试 |
| <input type="checkbox"/> Hearing/Vision impairment 听力和视力障碍测试 | <input type="checkbox"/> Mental health issues 心理健康问题测试 |
| <input type="checkbox"/> Physical impairment 身体物理损伤测试 | <input type="checkbox"/> Profound and multiple learning difficulties (PMLD) 深度和多重学习困难测试 (PMLD) |
| <input type="checkbox"/> Sensory integration disorder 感统失调测试 | <input type="checkbox"/> Other learning difficulties 其它学习困难测试 |
| <input type="checkbox"/> Speech and language communication difficulties 语言沟通困难测试 | |
| <input type="checkbox"/> 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画过任何一项, 请提供相关报告/文件

Student Health History 学生健康记录表

Student's Name 学生姓名: _____ 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提供学生的免疫记录复印件:

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

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

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

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. 请附加与上述有关的学生健康资料或值得学校注意的健康问题。

Does your child have any conditions which limit physical activity?

您的孩子有任何会影响体育活动的情况吗?

☐ Yes 是 ☐ No 否

If yes, explain 如有, 请详列 _____

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

☐ Yes 是 ☐ No 否

Does your child routinely take medication? 您的孩子有经常服用的药物吗?

☐ 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, 注明学生姓名、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 Bao'an Central Hospital 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宝安中心医院接受治疗。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

SAIS Shekou Campus provides school bus services to and from school. Regular school buses are provided on school days (morning and afternoon). Please check the appropriate option below to indicate whether your child needs school bus service. Currently, the boarding program at the Bao'an Campus don't provide school bus service.

SAIS 蛇口校区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。请在下面勾选对应选项说明您的孩子是否需要校车服务。目前宝安校区寄宿项目无法提供校车服务。

☐ No, my child will not need SAIS bus service

不，我的孩子不需要校车服务

☐ Yes, my child will need SAIS 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

Meals 餐食

The Shekou Campus provides breakfast, lunch, and snacks for students in grades below Grade 4, and lunch and snacks for students in Grade 4 and above. The Bao'an Campus offers breakfast, lunch, and dinner for all students. Daily meals include salads, fruits, dairy products, and both Asian and Western hot dishes. The cost of the three meals at the Bao'an Campus is included in the boarding program fees.

蛇口校区为四年级以下学生提供早餐、午餐和课间茶点；为四年级和四年级以上学生提供午餐和课间茶点。宝安校区为所有学生提供早、午、晚三餐。每日餐点包含沙拉、水果、奶制品和亚洲以及西式热餐。宝安校区三餐费用已经包含在寄宿项目费用中。

☐ 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

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 10 of each year)

提前一年支付（每年8月10日前支付）

☐ Half-yearly in advance 提前半年支付
(due by August 10 and January 10 each year)
分别在每年8月10日前和1月10日前支付

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

☐ RMB ☐ US Dollar
人民币 美元

Please nominate the likely method of payment:
请勾选您的付款方式:

☐ 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，请提供以下详细信息:

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)

Shekou Campus Finance Contact: finance@szsais.org;

Bao'an Campus Finance Contact: financeba@szsais.org.



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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 ¥2,000 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 SEN (If any)
- Copies of these **parent documents**:
 - ☐ Passport
 - ☐ Residence Permit

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) ¥2,000 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 (如有)
- 以下**家长资料**的复印件:
 - ☐ 护照
 - ☐ 居留许可文件

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。

<input type="checkbox"/> Yes 是 <input type="checkbox"/> 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。
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	I have reviewed and fully understand the SAIS Fee Policy. 我已阅读并且完全理解 SAIS 的收费政策。
<input type="checkbox"/> Yes 是 <input type="checkbox"/> N 否	I hereby give permission for SAIS to initiate emergency measures in the event of accident or sudden, serious illness. I understand that the school will try to contact me immediately, or if I am unreachable, the emergency contacts listed above. I also give permission for the school health staff to dispense routine first aid to my child for such conditions as cuts, abrasions, stomach ache, and head ache. I affirm that all information given on this health record, as in the rest of the application, is complete and accurate. I understand that I am responsible for all medical fees incurred. 我特此声明在紧急时授权深美外籍人员子女学校采取相应措施。我清楚深美外籍人员子女学校在我的孩子发生紧急情况是会立即联系我，若我不能联系到，将联系我列出的紧急联系人。我授权学校医护人员在我孩子有擦伤、胃疼或头疼等症状时给予 常规的第一时间治疗。我声明本人在此表中提供的信息和附加的报告真实并完整。同时，我理解如果遇到任何紧急情况我的孩子被送至医院治疗，我将承担所有相关的费用。 I grant SAIS to use my child's schoolwork in training, promotional, or other related activities on any media platform. I also permit SAIS to reproduce my child's photos and video images for use in their promotional materials and other related activities. This authorization also applies to school publications, such as the school yearbook, newsletters, WeChat, and other social media posts and advertisements. 本人授权 SAIS 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 SAIS 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、微信等其他社交媒体文章和广告。
<input type="checkbox"/> Yes 是 <input type="checkbox"/> N 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。

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: _____