

Application Form A: Student and Family Information

For School Use Only: Date Received _____ / _____ / _____ Student I.D. _____
Month Day Year

<p>Student Information</p> <p>Student Name: _____ <small>Family Name First Name Middle Name</small></p> <p>Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> Applying for Grade: _____ Desired Start Date: _____ / _____ <small>Month Year</small></p> <p>Date of Birth: _____ / _____ / _____ Place of Birth: _____ / _____ <small>Month Day Year City Country</small></p> <p>Nationality: _____ Passport Number: _____</p>	<p>Attach Passport photo</p>
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Parent Information

Father's Name: _____
Family Name First Name Middle Name

Relationship to Applicant: Natural Father Stepfather Guardian

Mother's Name: _____
Family Name First Name Middle Name

Relationship to Applicant: Natural Mother Stepmother Guardian

Current contact address & telephone (if different to Tianjin address & telephone): _____

Tianjin Address: _____

Tianjin Home Phone: _____

Father: Mobile Phone: _____ Email: _____

Mother: Mobile Phone: _____ Email: _____

With whom will the student be living in Tianjin? _____

Please Note: IST does not admit students unless they permanently live with a parent or legal guardian.

Company Information

Company Name: _____ Parent's Job Title: _____

Telephone No. : _____ Fax No. : _____

How did you come to know of our school?

Colleagues/Company Relocation company

Other parents Advertisement/Promotional materials

IST website Other _____

Sibling Information

Brothers and Sisters	Gender	Age	Grade	Applying for IST?	Current School
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language and Cultural Information

Child's Mother Tongue (1st) Language: _____ Age Child Began to Speak: _____

What language is used between child and: Mother? _____ Father? _____ Siblings? _____

What language is used by parents when speaking to each other?

Your assessment of your child's spoken English proficiency (applicable only to non-native English speakers):

- None Beginner Intermediate Advanced Fluent

Your assessment of your child's written English proficiency (applicable only to non-native English speakers):

- None Beginner Intermediate Advanced

Has your child ever seen or been referred to a speech therapist? Yes No

Please indicate in the space below any provisions that you have made or intend to make for your child's continued learning of their mother tongue (1st) language while you are in Tianjin:

Additional information related to your child's cultural and linguistic background that the school should know in order to plan for his or her unique learning needs:

Brief Medical Information (Please note that detailed Medical Information Forms D and E must be provided within two weeks of the student's first day of school).

Does your child have any serious medical or physical conditions of which the school should be aware (eg. asthma, epilepsy, serious allergic reactions etc.)? Yes No

If "Yes", please indicate briefly in the space provided. _____

Emergency Information

Please give details of a person who is a resident in Tianjin to be contacted in an emergency if the parents are not available. Please use a person outside of your household.

Name: _____ Language Preferred/Spoken: _____

Address: _____

Telephone Home: _____ Mobile: _____ Email: _____