Contact Us

Welcome to the International School of Tianjin (IST). Please contact IST to learn about our school's history, philosophy, curriculum, facilities and community of learners by:



Visiting our website at www.istianjin.org or by sending an e-mail to info@istianjin.org.cn



Phoning the school office at 86-22-2859-2001.

Visiting IST at No. 22 Weishan South Road, Shuanggang, Jinnan District, Tianjin 300350, PRC (please phone for an appointment if at all possible).

COMPLETE THE APPLICATION PACKAGE

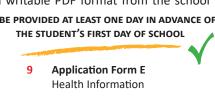
To initiate formal enrollment a copy of the Student Admissions Application Package for each child must be emailed, posted or delivered to the school. Application packages are available from the school or can be downloaded in writable PDF format from the school website. To be provided prior to the time of To be provided at LEAST ONE DAY IN ADVANCE OF



- 1 Application Form A Student and Family Information
- 2 Application Form B Student Educational Information
- 3 Application Form C Parental Agreement



- 4 Copies of the student's school reports and official transcripts in English for students currently in Kindergarten (KG3/Year 1) or above (see details on Page 2)
- 5 Application Form D Student Transfer Information for students currently in Kindergarten (KG3/Year 1) or above
- 6 Photocopy of applicant's passport and visa/ Residence Permit
- 7 Photocopy of parent/guardian's passport and visa/Residence Permit
- 8 RMB2,000 Application Fee (non-refundable)



10 Application Form F Physical Examination

Note: All applications are dated and coded. Students are enrolled according to a variety of criteria including: available spaces, the date of application, English language proficiency, other siblings currently enrolled in the school, past school records, individual needs, etc.

ATTEND STUDENT INTERVIEW

New students and at least one parent are required to meet with a school administrator before a final admission decision is made. For this process to continue, the following steps must be taken:

- 1. Submit Steps 1 to 3 in Section 2 above (Student Admissions Application Forms A to C)
- 2. Schedule a meeting with a school administrator by phoning the school office at 2859-2001, or via email.
- 3. Grade 1-12 students will generally be required to sit English Language proficiency and basic mathematics assessments at this time.
- 4. Please provide a translator if required. IST provides Korean and Chinese translation upon request.

Note:

i: All documents in Steps 4-8 in Section 2 above must be provided prior to the time of the student interview.

ii: The requirement for a student interview prior to the confirmation of a place may be waived by an administrator for students currently living outside Tianjin provided Steps 4 to 8 are complete and student records/transcripts are of an acceptable standard.

Admission Decision Made

Parents will be telephoned or emailed and informed whether a place is currently available for their child within 2-3 school days of the interview if confirmation was not given during the interview.

If parents verbally accept the offer of a place or accept via email, the Admissions Office will forward to them a letter of welcome stating the official starting date for the student along with two forms for the parents to complete: a form confirming acceptance of a place at IST and a Payment and Company Information form. Parents are required to complete the attached forms and return them to IST within five working days to ensure that the student's place is confirmed and guaranteed.

Note: All relevant school fees must be paid within four weeks of the start of school.

5 ENROLLMENT EVALUATION

Parents will be contacted by the Admission Office within the first two weeks of attendance to ensure that the transition into our school has been positive and to gain further parental feedback on the student at this early stage of their enrolment and on the enrolment.





STUDENT ADMISSION

APPLICATION GUIDELINES



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Student Admissions Application

(Note: All forms must be completed in English)

To be provided immediately:

Parent Checklist Yes

- 1. Application Form **A: Student and Family Information**
- 2. Application Form **B: Student Educational Information**
- 3. Application Form **C: Parental Agreement**

To be provided prior to the time of the student interview:

- 4. School reports and official transcripts in English for students currently in Kindergarten (KG3/Year 1) or above (last two years and notarized if translated), and the results of any standardized achievement and special academic or psychological evaluations (if available).
- 5. Application Form **D: Student Transfer Information** for students currently in Kindergarten (KG3/Year 1) or above
- 6. Photocopy of applicant's passport and visa/Residence Permit
- 7. Photocopy of guardian's passport and visa/Residence Permit
- 8. Non-refundable RMB2,000 Application Fee

To be provided at least one day in advance of the student's first day of school:

- 9. Application Form **E: Health Information**
- 10. Application Form **F: Physical Examination**

Note: Please keep this checklist page of the Student Admission Application for your own records.







International School of Tianjin, IST

(Page 2 of 11)

Application Form A: Student and Family Information

For School Use Only	: Date Re	ceived _	/ Day			Student I.D.	
Student Information			Day	Wonth	Tear		
Student Name:							
Fami	ly Name		First N	lame	Mie	ddle Name	– Attach
Gender: Boy 🗌 Girl 🗌	Applying	for Grade	:	Desired Sta		/ Month Year	Passport Photo
Date of Birth: /	/	Place	of Birth:				_
Day M	onth Ye	ear		City		Country	
Nationality:		_ Passpo	ort Numbe	er:			
Parent Information							
Father's Name:							
Relationship to Applicant	Family Na		al Father		Name Stepfathe	r Guz	Middle Name ardian
Mother's Name:	Family Na	me		First I	Name		Middle Name
Relationship to Applicant			ral Mothe			er Gu	ardian
Current contact addres	ss & telep	hone (if	different	to Tianjin A	ddress &	telephone):	
Tianjin Address:							
Tianjin Home Phone:							
Father: Mobile Phone:				E	mail:		
Mother: Mobile Phone: _					Email:		
With whom will the stude	ent be livir	ng in Tian	jin?				
Please Note: IST does no	t admit stı	udents ur	less they	permanent	ly reside	with a parent o	r legal guardian.
Company Information							
Company Name:				Pare	nt's Job T	ïtle:	
Telephone No.:							
How did you come to k	know of c	our scho	ol?				
Colleagues/Company		IST We	bsite		Ad	vertisement/Pr	omotional materials
Other parents			ial media		Otl	her	
Relocation Company		Met a s	school rep	o at an even	t		
Sibling Information Brothers and Sisters	Gender	Age	Grade	Applying	for IST?		urrent School
Brothers and Sisters	Gender	Age	Uraue	Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				162	NU		

Language and Cultura	al Information			
Child's Mother Tongue	(1 st) Language:		Age Ch	nild Began to Speak:
What language is used	between child and: Mo	ther?	_Father?	Siblings:
What language is used	by parents when speak	ing to each other? _		
Your assessment of you	ır child's <u>spoken</u> English	n proficiency (applic	able only to nor	n-native English speakers):
None	Beginner	Intermediate	Adv	anced Fluent
Your assessment of you	ır child's <u>written</u> English	n proficiency (applic	able only to nor	n-native English speakers):
None	Beginner	Intermediate	Adv	anced Fluent
Has your child ever see	n or been referred to a	speech therapist?	Yes	No
Please indicate in the sp learning of their mothe		-		o make for your child's continued
school's standard addit additional fee (see schoor admitted to the schoor upcoming school year.	tional language option ool fee structure). Kore ol your additional lang	of Chinese. At this an is available from uage choice will b	time French a Grade 6-12. Pl binding for t	be taken as an alternative to the and German are available for an ease note that once your child is he remainder of the current or
including mother to	-	or her additional far	guage (availabl	e at multiple fluency levels,
I wish my child to st	tudy his/her mother tor	ngue language inste	ad of Chinese.	
French G	German Korean (G6-12 only)		
Additional information plan for his or	related to your child's o her unique learning nee		c background tl	hat the school know in
or before of the studen Does your child have ar epilepsy, serious allergi	t's first day of school). ny serious medical or ph c reactions etc.)?	nysical conditions of Yes No	which the scho	ns D and E must be provided on ool should be aware (eg. asthma,
Emergency Informati Please give details of a not available. Please us	person who is a reside	•	ontacted in an	emergency if the parents are
Name:		Language	Preferred/Spol	ken:
Telephone Home:	Mc	obile:	Er	nail:

Application Form B: Student Educational Information									
Current and Previous Schools (Current and Previous Schools (Note: American Kindergarten = British Year 1; Grade 1 = Year 2 etc. Grade 12 = Year 13)								
Name of School + City & Country (Please begin with the most recent)	Curriculum type (e.g. IB, American/British, Korean etc.)	Attended From (Month/Year)	Attended to (Month/Year)	Last Grade/ Year Level Completed	Language of Instruction				
Contact details of a representa	tive of your child's curre	ent/most rec	ent school:						
Contact Name:	-	Position:							
Email:		Telephone:							
 Birth and Early Childhood Infor Did your child experience any during his or her first five year 	significant health, learning	or other diffic	culties	Yes	No				
2. Has your child experienced dif	ficulties with physical deve	elopment whic	h limit	Yes	No				
his or her running, jumping, ba 3. Has your child ever been to se If "Yes", to any of the above quest	e an occupational or physi	•		Yes	No				
 Has the student previously sub Has the student previously att Has the student ever repeated Has the student ever skipped at Has the student ever skipped at Has the student ever been ask Has the student received any state If "Yes" to #6, please indicate 	 Has the student previously attended IST? Has the student ever repeated a grade level? Has the student ever skipped a grade level (double promotion)? Has the student ever been asked to leave a school? Yes No Which? No Which? 								
recent assessment report for this s ELS (English as a Second Lar			ew. Id Talented						
Behavior Support	00-7	Occupati	onal Therapy						
Speech/Language Therapy Remedial/Learning Support Other			l Counseling Difficult/Disat	bility					
Please Comment Briefly About: 1. Applicant's greatest strengths, talents and/or interests (eg. academic, social, sporting, artistic, awards received etc.):									
2. Areas of Concern that you have about your child (Academic and/or Social):									
Additional Comments:	Additional Comments:								

Application Form C: Parental Agreement

I understand that this signed application constitutes a contract with the school once my child has commenced attendance at the school. I understand that my child's continued attendance is subject to the following conditions being met:

I agree that in enrolling my child at the International School of Tianjin (IST), I fully accept and endorse the school philosophy. I agree to conform to the policies, rules and procedures of the school as established by the Board of Governors and the Administration.

I recognize that full and accurate information about my child is important for the Admissions staff to properly assess IST's ability to provide an appropriate educational program. I understand that the withholding of records, especially those indicating that she or he has special needs or educational disabilities, may delay the admissions process, and could result in either the denial of admission, or in the case of my child being already enrolled, the reversal of that decision.

I recognize that the initial placement decision with regard to class, grade level, and teacher is the decision of the school, but that the school will consult with me when making this decision. I further recognize and understand that the school reserves the right to request an exit interview at the time of my child's withdrawal from the school. Such interviews can provide very helpful information to institutions seeking self-betterment. Failure to comply with such a request may result in the withholding of school records until such interview has occurred.

I accept that in accordance with IST policy, my child will reside with me or a legally appointed guardian and I will inform the school in writing of any time at which I or the guardian will be temporarily absent from home. At such times I will inform the school of the name and contact of the responsible adult (not household help) who will have temporary guardianship of my child.

I recognize that communication between the school and home is vitally important, particularly in times of emergency. I agree to communicate freely and openly with my child's teachers and the School Administration and will actively support the broader community life of the school, including reading school newsletters, participating in the IST Emergency Telephone Tree, and attending school events, Parent Faculty Organisation (P.F.O.) meetings, and teacher conferences.

I accept that the school acts with the best intent to ensure the well-being and safety of my child and that there may be times, especially in cases of emergency, when the school will be required to make decisions and take action related to my child's safety and well-being without my prior approval. I hereby grant permission for such actions to be taken.

I understand that students who are unwell are best kept at home and I will not send my child to school if this is the case. I also accept the right of the school to send a sick child home and that it is my responsibility to arrange for appropriate and immediate transportation and care for my child once the school has contacted me.

I grant permission for my child's name, images and examples of excellent academic and creative work to appear in school publications, such as the yearbook, the school web and social media sites, and school promotional publications.

I have read and understood the IST Community Safeguarding Framework 'Overview' document posted on the school website (<u>IST Community Safeguarding Overview.pdf (istianjin.org</u>), and commit to adhering to the school's expectation that adult visitors who come into contact with students maintain appropriate boundaries and conduct at all times. I also agree to comply with mandatory reporting regulations related to suspected child abuse and will cooperate fully in any investigation into the abuse of a child, or children, or other community member/s.

I understand the importance of the school's program of extracurricular activities and will encourage my child to participate. I also agree that fieldtrips are an important component of the school's curriculum and agree to allow my child to accompany his or her class on fieldtrips as required by the school. I give permission for my child to participate in short field trips within Tianjin, but I understand that I will be asked to sign additional permission slips for out of town and/or overnight field trips.

Finally, by signing below, I accept and agree to the school's admissions policy as laid out in the 'Student Admissions Application' documents. I also accept and agree to the financial terms laid out in the IST fee schedule and related policies published in the Parent-Student Handbook and on the school website, including the *force majeure* policy. My signature indicates that all application information is accurate and complete and that my child's attendance at school is subject to the timely payment of all applicable fees.

Signature of Parent or Guardian: _____

Date: _____ / ____ / _____



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Application Form D: Student Transfer Information

Dear School Representative,

The following student has applied for admission to the International School of Tianjin (IST), People's Republic of China. IST is an English medium, co-educational day school servicing the diverse expatriate community of Tianjin. The school is fully authorized to follow the curricula of the International Baccalaureate (PYP, MYP, and Diploma) and is jointly accredited by the Council of International Schools (CIS) and the Western Association of Schools and Colleges (WASC).

IST student admission policies require that adequate information be obtained to ensure that there is appropriate alignment between each student's needs and abilities and the programmes offered by our school. To this end we request that you please complete the brief form that follows and return it directly to IST's admission office at info@istianjin.org.cn

Note: Responses provided remain strictly confidential and do not form part of the student's permanent record.

Student Name:Last Name	First Name	Date of Birth: _	// Day Month Year
Current Grade:		Applying for G	rade:
Current school name and location:			
Level of English language proficiency:	Beginner	Intermediate	Fluent
Summation of the student's overall academic Experiencing some difficulty	c level relative to nor Within the norma	-	her current grade level: Excelling
General school conduct/attitude:	Poor	Good	Exemplary
Please comment on any special interests, ab	ilities or achievemen	ts:	
Has this student been recommended for or r Yes (If yes, please record what service Are there any ongoing areas of academic, pe Additional comments:	es and for how long?	No	ervices at your school?
Name of school representative completing the	his form:		
Position:		Email:	
Telephone:		Date:	

Application Form E: Health Information

To the Parent: Form E (Health Information student's first day of school. Please answer <u>Note:</u> The school nurse is available to ass	er the	follow	ing questic	ns regardi	ing the heal	•		than the
Student Name:						Grade:		
Family Name			_	First Name				
Preferred First Name:			Date	of Birth: _	/	/	Age:	
					Day Mo	onth Yea	ar	
Father's Name:								
Family Nar					t Name			
Mother's Name:								
Family Nar	ne			Firs	t Name			
Home Phone in Tianjin:								
Father's Mobile Phone:			Mo	ther's Mo	bile Phone	:		
History of Infectious Diseases	Yes	No	Month/Y	ear		Comme	nts	
Chicken Pox								
Measles (Rubella 10 days)								
Rubella (German Measles)								
Whooping Cough								
Mumps								
Poliomyelitis								
Scarlet Fever								
Ear Infections								
Tuberculosis								
Hepatitis								
Operations, hospitalization or serious illn	iess (p	lease g	give details	and dates	;):			
								······
					_			
Vaccinations				1.0+		ach dose w		Г+b
Poliomyelitis (TOPV Tri-Oral-Polio-Vaccir	ne)			1st	2nd	3rd	4th	5th
Diphtheria, Pertussis (or Whooping Coug		Tetar	nus. DPT					
Tetanus and D iphtheria. TD	,,							
Measles					Some vaccir	nes are availa	ble in combin	ation with
Mumps							/lumps-Rubel your child red	
Rubella					combinatior	n vaccine, ent	er the date in	
Hepatitis A					appropriate	box.		
Hepatitis B								
Tetanus Booster (age 14-16)								
Tuberculosis. BCG								
Other Inoculations								

Allergies Does your child have any kind of allergy? (food, medication, insect bite, materials, or other)	Yes	No				
If "Yes", please write as precisely as possible which kind of allergy:						
Please indicate the severity of the allergic reaction: Mild Moderate	S	Severe				
How does your child react to this allergy?						
How do you normally treat this allergy?						
What is the name of the medication you give to your child?						
Does your child carry a Medical Alarm Band?	Yes	No				
Asthma						
Does your child suffer from asthma?	Yes	No				
If yes, what causes the asthma attacks? Please answer the following questions:						
How often does your child have asthma attacks?						
If your child is treated with asthma medication, please write down the name: When is the asthma medication given? Every day Only before exercise	Oply durin					
When is the asthma medication given? Every day Only before exercise Does your child carry his/her asthma medication with him/her to school every day?	Only durin Yes	No				
	Yes	No				
Does your child's asthma restrict his or her participation in any sporting activities? If "Yes", please indicate which activities and to which extent it restricts them:	103	INU				
I Tes , please indicate which activities and to which extend it restricts them.						
Other Pre-Existing Medical Conditions (e.g. Migraine, Eczema, Epilepsy etc.):						
Medication taken for these conditions:						
Other Medication						
Does your child take any other medication regularly?	Yes	No				
If "Yes", please write the name of the medication, the dose he/she is given, and how o	ften:					
For what reason is your child treated with this medication?						
Over the Counter Medicine						
In the IST clinic we have a small selection of over-the-counter medicines (Panadol, Tyle Domperidon, Imodium, Smecta, Belladona and Ventolin). All are internationally recogn						
are able to treat your child with these products, but only if we have parental permission						
Yes, the school nurse may treat our child with the abovementioned medicine,	when she	feels it is				
necessary. Yes, the school nurse may treat our child with the abovementioned medicine,	when she	feels it is				
necessary, but she must please contact us first.						

No, we do not wish the school nurse to treat our child with the clinic's medicine.

Emergency Medical Treatment and Parental Authorization

The vast majority of medical incidents that occur during the school day are minor, and can be easily treated in the school clinic. However, in erring on the side of caution when dealing with relatively innocuous but potentially serious injuries, or when responding to an obvious emergency, it may be necessary to send a sick or injured student to an external medical service provider for examination and treatment. Responsibility for the decision to seek outside medical assistance must necessarily lie with the school nurse whose priority is always to protect the welfare of the individual student. Parents will, however, always be contacted as soon as possible following a medical event, or in response to a concern, to inform them of the situation and to confirm a choice of medical provider and transportation arrangements.

A student requiring emergency medical attention - including dental - will be accompanied by the school nurse, a teacher or teacher assistant, or school administrator, to one of the following medical service providers, as deemed most appropriate following discussion with the parents:

- 1. Raffles Medical Clinic (general medical)
- 2. Tianjin United Family Hospital (general medical and dental)
- 3. Shangu AICHI International Dental Center (dental)
- 4. Alternative medical service provider requested by the parents

Note 1: Parents are responsible for all medical costs. However, claims for reimbursement for 'accidents' may be made against the school's Student Accident and School Liability Insurance Policy with PICC.

Note 2: In the event of a medical emergency in which a parent cannot be contacted, the school shall determine the medical provider that it believes to be most appropriate to safeguard the welfare of the student. In most instances this will be the Tianjin United Family Hospital.

Note 3: In certain cases of emergency it may be necessary to transport a student to a public hospital. At such times the school will first solicit emergency treatment advice from either the TUFH or Raffles Medical Clinic to determine the most appropriate provider. In such circumstances, it may also be necessary for the school to administer medication deemed urgent by the emergency service provider guiding the school's treatment of the student.

Permission to Go Home

There are times when a student becomes ill at school and needs to be sent home. At such times the parents will be contacted to inform them that their child is sick and needs to be collected from school and taken home.

Please indicate who may collect the student and sign them out of the school clinic should you be unable to colle	ect
them yourself.	

Ayi Personal driver with IST issued driver ID

Note 1: No student will be sent home unless a parent is first contacted. Other: _____

Note 2: It is the parents' responsibility to collect students from the school clinic if they are unwell. Sick children are best kept at home where they are most comfortable and where disease is less likely to be spread.

I agree that my signature below indicates that all information provided in the Health Information form is accurate and understood.

Signature of Parent or Guardian: _____

Date:

ay Month Year

Remember to advise the school nurse immediately in person or in writing of any changes to phone numbers, emergency contacts, or the student's medical condition.

Application Form F: Physical Examination (to be completed by the applicant's doctor)

Student's Name:		Date: Day		/ 1onth	Applying for Gr	ade:	
To the Parent We aim to cooperate with you in protecting and promoting the health of your child while he or she is in school. In order to comply with the entrance requirement of the International School of Tianjin, a physical examination within the past six months is required for all new students entering the school. Please give this form to your doctor for completion. IST can assist parents in locating health service providers who							
are able to complete this form in English. To the Physician Please give a physical examination to this student, completing the required information and using the following code as appropriate: (No defects = O , Defects = X , Immediate Attention Desired = XX , Under Treatment = T , Corrected = C)							
Height	cm	Eye (coned)			Lymph Glands		
Weight	kg	Eye (vision)	R	L	Lungs		
Pulse	5	Eye (glasses)	R	L	Chest		
Heart & Circulation		Eye (contacts)	R		Respiration		
Blood Pressure		Color perception		_	Abdomen		
Blood Type		Ears (Otoscopic)			Hernia		
Nervous System		Nose			Orthopedic		
Nutrition		Throat			Scoliosis Check		
Muscle Tone		Mouth Breathing			Menses (yes, no)		
Skin (eczema)		Speech Defects			Testes	R L	
		Dental Caries			Testes	к L	
Scalp Hair		Thyroid					
Additional Comments	:						
Urinalysis:							
Physical Activities (No	rmal physica	l education classes, sv	/imm	ing, and	competitive sport):		
Unrestricted:		Modified:			If Modified please	give reason:	
Medication. Is the student taking any medication (oral or injection) on a regular basis? Yes No If yes, please explain:							
Doctor's Name:							
Signature: Note: Please ensure that this form is stamped (chopped) with the physician's or hospital's official seal.							