



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.isttianjin.org or by sending an e-mail to info@isttianjin.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).



INTERNATIONAL SCHOOL of TIANJIN

Working Learning Acting TOGETHER

STUDENT ADMISSION APPLICATION GUIDELINES



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 IMMEDIATELY



- 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 Copies of the student's school reports and official transcripts in English for students currently in PYP1 (Year 1) or above (see details on Page 2)
- 5 **Application Form D**
Student Transfer Information for students currently in PYP1 (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)

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:** 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.



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.





INTERNATIONAL SCHOOL of TIANJIN

Working Learning Acting TOGETHER

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 PYP1 (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 PYP1 (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.



Application Form A: Student and Family Information

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

Student Information						Attach Passport Photo
Student Name: _____ Family Name First Name Middle Name						
Gender: Boy ☐ Girl ☐ Applying for Grade: _____ Desired Start Date: _____ / _____ Month Year						
Date of Birth: _____ / _____ / _____ Place of Birth: _____ / _____ Day Month Year City Country						
Nationality: _____ Passport Number: _____						
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 reside with a parent or legal guardian.						
Company Information						
Company Name: _____ Parent's Job Title: _____ Telephone No.: _____						
How did you come to know of our school?						
Colleagues/Company Other parents Relocation Company		IST Website IST social media Met a school rep at an event		Advertisement/Promotional materials Other _____		
Sibling Information						
Brothers and Sisters	Gender	Age	Grade	Applying for IST?		Current School
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	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 Fluent

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:

IST provides a limited number of non-English mother tongue languages that can be taken as an alternative to the school's standard additional language option of Chinese. At this time French and German are available for an additional fee (see school fee structure). Korean is available from Grade 6-12. Please note that once your child is admitted to the school your additional language choice will be binding for the remainder of the current or upcoming school year.

I wish for my child to study Chinese as his or her additional language (available at multiple fluency levels, including mother tongue).

I wish my child to study his/her mother tongue language instead of Chinese.

French German Korean (G6-12 only)

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 on or before 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: _____

Telephone Home: _____ Mobile: _____ Email: _____

Application Form B: Student Educational Information

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 representative of your child's current/most recent school:

Contact Name: _____ Position: _____

Email: _____ Telephone: _____

Birth and Early Childhood Information

- | | | |
|--|-----|----|
| 1. Did your child experience any significant health, learning or other difficulties during his or her first five years of life? | Yes | No |
| 2. Has your child experienced difficulties with physical development which limit his or her running, jumping, balance or coordination? | Yes | No |
| 3. Has your child ever been to see an occupational or physical therapist? | Yes | No |

If "Yes", to any of the above questions please comment: _____

Student's Detailed Information

- | | | |
|--|-----|-----------------|
| 1. Has the student previously submitted an application to IST? | Yes | No |
| 2. Has the student previously attended IST? | Yes | No |
| 3. Has the student ever repeated a grade level? | Yes | No Which? _____ |
| 4. Has the student ever skipped a grade level (double promotion)? | Yes | No Which? _____ |
| 5. Has the student ever been asked to leave a school? | Yes | No |
| 6. Has the student received any special academic or psychological support testing? | Yes | No |
- 6a. If "Yes" to #6, please indicate which service by checking the appropriate box and include a copy of the most recent assessment report for this service at the time of the student interview.
- | | |
|--|---|
| ☐ ELS (English as a Second Language)
☐ Behavior Support
☐ Speech/Language Therapy
☐ Remedial/Learning Support
☐ Other _____ | ☐ Gifted and Talented
☐ Occupational Therapy
☐ Individual Counseling
☐ Learning Difficult/Disability |
|--|---|

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:

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 ([IST Community Safeguarding Overview.pdf \(isttianjin.org\)](http://isttianjin.org)), 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: ____ / ____ / ____

Day Month Year



INTERNATIONAL SCHOOL of TIANJIN

Working Learning Acting TOGETHER

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: _____ Date of Birth: _____ / _____ / _____
Last Name First Name Day Month Year

Current Grade: _____ Applying for Grade: _____

Current school name and location: _____

Level of English language proficiency: Beginner Intermediate Fluent

Summation of the student's overall academic level relative to normal expectations for his/her current grade level:
Experiencing some difficulty Within the normal range Excelling

General school conduct/attitude: Poor Good Exemplary

Please comment on any special interests, abilities or achievements:

Has this student been recommended for or received additional help or special education services at your school?
Yes (If yes, please record what services and for how long?) No

Are there any ongoing areas of academic, personal, social, or behavioral concern?

Additional comments:

Name of school representative completing this form: _____

Position: _____ Email: _____

Telephone: _____ Date: _____

Application Form E: Health Information

To the Parent: **Form E** (Health Information) and **Form F** (Physical Examination) are to be provided no later than the student's first day of school. Please answer the following questions regarding the health of your child.

Note: The school nurse is available to assist parents in completing this form.

Family Name	First Name
-------------	------------

Preferred First Name: _____ **Date of Birth:** _____ / _____ / _____ **Age:** _____

Day Month Year

Family Name _____ First Name _____

Family Name	First Name
-------------	------------

Home Phone in Tianjin:

Father's Mobile Phone: _____ **Mother's Mobile Phone:** _____

History of Infectious Diseases	Yes	No	Month/Year	Comments
Chicken Pox				
Measles (Rubella 10 days)				
Rubella (German Measles)				
Whooping Cough				
Mumps				
Poliomyelitis				
Scarlet Fever				
Ear Infections				
Tuberculosis				
Hepatitis				

Operations, hospitalization or serious illness (please give details and dates):

Vaccinations	Date each dose was given				
	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV Tri- O ral- P olio- V accine)					
Diphtheria, Pertussis (or Whooping Cough) and Tetanus. DPT					
Tetanus and Diphtheria. TD					
Measles		Some vaccines are available in combination with others such as Measles-Mumps-Rubella (MMR) or Measles-Rubella (MR). If your child received any combination vaccine, enter the date in each appropriate box.			
Mumps					
Rubella					
Hepatitis A					
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 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 Only during attacks

Does your child carry his/her asthma medication with him/her to school every day? Yes No

Does your child's asthma restrict his or her participation in any sporting activities? Yes No

If "Yes", please indicate which activities and to which extent 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 often:

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, Tylenol Cold, Fenbid, Motrin, Domperidon, Imodium, Smecta, Belladonna and Ventolin). All are internationally recognized medications. We 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. Tianjin United Family Hospital (general medical and dental)
2. 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 the TUFH 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 collect 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: ____/____/____
Day 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:** ____/____/____ **Applying for Grade:** ____
Day Month Year

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 in Tianjin who are able to complete this form in English.

To the Physician

Please give a physical examination to this student, completing the required information. The items indicated by an asterisk(*) should use the following code as appropriate:

(No defects = O, Defects = X, Immediate Attention Desired = XX, Under Treatment = T, Corrected = C)

Height	cm	*Nervous System		*Thyroid	
Weight	Kg	*Nourishment		*Lymph Glands	
Respiration	bpm	*Muscle Strength		*Lungs (Auscultation)	
Pulse	bpm	*Scalp		*Chest	
Blood Pressure	mmHg	*Skin		*Abdomen	
Vision	L R	*Eyes		*Spine	
Corrected Vision	L R	*Color perception		*Extremities	
*Dental Caries		*Ears		*Menses (Yes/No)	
*Heart (Auscultation)		*Nose		*Testes	L R
*ECG		*Tonsils		Other	
*Routine urinalysis		*Speech Defects			

Additional Comments:

Physical Activities (Normal physical education classes, swimming, 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: _____

Date of Examination: ____/____/____
Day Month Year

Phone Number: _____

Email: _____

Signature: _____

Note: Please ensure that this form is stamped (chopped) with the physician's or hospital's official seal.