

## STUDENT DETAILS

Student's full name		
Address		
City	Home Telephone	
Date of Birth ____/____/____ (yyyy/mm/dd)	Age	Sex: <b>MALE/FEMALE</b>
Country of Birth	Nationality	
Language spoken at home	Lives with both parents?	<b>YES/NO</b>
Name of last school	City	
Country	Date of leaving	
Previous school report presented with form <b>YES/NO</b> <i>(If no certificate is presented, enrollment cannot proceed)</i>	Last full grade completed	
<b>First day of attendance in GGA</b> _____	<b>Week</b> _____	<b>Term</b> 1 /2 /3 /4 <b>Year</b> _____
<b>Number of years in formal education</b> (from 1 <sup>st</sup> grade onwards)		

## FAMILY DETAILS

Father's Name	
Company	Position
E-mail	Office Telephone
<b>English Proficiency of father:</b> <i>None/Basic/Intermediate/Advanced</i> (Please circle one)	
Mother's Name	
Employment	Position
E-mail	Office Telephone
<b>English Proficiency of mother:</b> <i>None/Basic/Intermediate/Advanced</i> (Please circle one)	
<b>Marital Status of parents:</b> <i>Married/Widow/Divorced/Separated</i> (Please circle one)	
<b>WeChat Number:</b>	

**Names of other children in family.** Please use a separate form for each applicant!

<b>Name</b>	<b>Age</b>
<b>Name</b>	<b>Age</b>
<b>Name</b>	<b>Age</b>
<i>GGA assumes that all the children of a family will enroll together unless there are extenuating circumstances which would preclude a child from attending, i.e. age, special needs, etc.</i>	

## GENERAL INFORMATION

How did you hear about this school? \_\_\_\_\_

Reason for choosing this school \_\_\_\_\_

## MEDICAL SUMMARY

<b>Does student have any of the following?</b> <i>(please also complete the medical information section)</i>		
Allergies	<b>YES/NO</b>	Details
Physical defects	<b>YES/NO</b>	Details
Social Difficulties	<b>YES/NO</b>	Details
ADD/ADHD (Hyperactivity)	<b>YES/NO</b>	Details

## SCHOOL HISTORY

Has student even been expelled, dismissed, suspended or refused admission to another school? <b>YES/NO</b>
Details
Has student ever had disciplinary problems at school? <b>YES/NO</b>
Details
Has student ever used tobacco or non prescription drugs of any kind? <b>YES/NO</b>
Details
Has student ever failed an academic subject in school? <b>YES/NO</b>
Details
The academic level of previous work has been: <b>Excellent</b> _____ <b>Good</b> _____ <b>Average</b> _____ <b>Poor</b> _____

## RELIGIOUS BACKGROUND

<b>Church Attending</b>	<b>Location</b>
<b>Pastor's Name</b>	<b>Pastor's Telephone</b>
<b>Father: Christian?</b> YES/NO	<b>Mother: Christian?</b> YES/NO
<b>Has the child ever made a profession of faith in Jesus?</b> YES/NO	
<b>How often do you have family devotions?</b> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/>	

## DETAILS FOR PARENTS

**REGISTRATION FEE** The application and testing fee of RMB 1000 (Kindergarten 500 RMB) must accompany this form and is non refundable. An interview with the parents and student will be required before final acceptance

**PARENT ORIENTATION & TRAINING** is a requirement for all parents. It will usually be scheduled on the second Saturday of the school year, but individual sessions may also be necessary. Parent Workshops are organized several times a year. The school will inform you of these dates.

**TUITION** payments are due on or before the first day of attendance and the first day of each subsequent period (payments may be made each semester or year).

The following documents must be submitted before final enrollment. *(Forms can be downloaded from [www.ggagga.net](http://www.ggagga.net))*

- \* Student Application (this form)
- \* Academic Record Check Form ARC1 & Questionnaire
- \* Former School Records/Progress Report
- \* Copy of **Passport** Information Pages (Photo & visa pages)
- \* Payment of fees & registration
- \* 2 passport photos

## STATEMENT OF PARENTAL SUPPORT

- A. I hereby agree to pay my **financial obligations** to the school on the date due and understand that it may be necessary to withdraw my child if proper arrangements are not made on an overdue account.
- B. **I give permission** for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to them at school or during any school activity.
- C. I authorize the school to use **photographs** of my child in publicity and promotional materials.
- D. I agree to uphold and support the high academic standards of the school by **providing a place at home for my child to study** and giving them encouragement in the completion of homework or assignments.
- E. I understand the individualized nature of this program and that **my child's graduation is dependent solely on their progress in the system** and not on their age. (The results of the diagnostic test and the resulting academic projection will be made clear after testing and before formal enrollment.)
- F. I further realize that **building strong relations with my child's supervisor to aid him in the training of my child** is as much my responsibility as it is the school's. I will pray for the staff and program; cooperate with them in discipline by accepting their judgment; lay a spiritual foundation through a good example in the home; follow through with any work, assignments or slips to be signed; see that the child reaches school on time; send written excuses for absence or tardiness; cooperate in training the child to respect school property and pay for irregular abuse of same; attend all parent functions; and assist in publicizing the school and its programs among friends.
- G. I realize that **attending Guangzhou Grace Academy is a privilege and not a right**, and therefore, that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline, or whose financial obligation remains unpaid.
- H. I have read the **School Handbook**, agreed to complete **Parent Orientation**, and understand the terms of this Application and agree thereto.

\_\_\_\_\_  
Signature of father

\_\_\_\_\_  
Signature of mother

\_\_\_\_\_  
Date

# GUANGZHOU



广州恩慧学校

# ACADEMY



## Student Application

[www.gzgrace.net](http://www.gzgrace.net)

## MEDICAL HISTORY

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to school authorities.

Father's Health _____	If dead, cause _____
Mother's Health _____	If dead, cause _____

### PAST DISEASES *(If child has had any of the following, state age when he had them)*

Asthma		Discharging ears		Polio		Pneumonia	
Diphtheria		Rheumatic fever		Convulsions		Diabetes	
Mumps		Whooping cough		Scarlet fever		Hay fever	
Measles		Heart disease		Chicken pox			

### RECENT DISABILITIES *(Please check any one of the following noted recently.)*

4 + colds yearly		Fainting spells		Hearing difficulty	
Frequent sore throat		Abdominal pains		Tires easily	
Poor vision/Frequent sties		Frequent urination		Breath shortness	
Frequent leg pains		Persistent cough		Hernia (rupture)	
Dizziness		Speech difficulty		Ringworm	
Dental defects		Crippling conditions		Nose bleeding	

### IMMUNIZATION RECORD *(Give date of each)*

Smallpox-Scar?	Measles	Tetanus
Schick Negative	Diphtheria	Typhoid
Whooping cough	Hepatitis B	Polio

### PERSONAL RECORD Please answer **all** of the following:

Had TB skin test? <b>YES/NO</b>	Have excessive fears? <b>YES/NO</b>	Suck thumb? <b>YES/NO</b>
Bite fingernails? <b>YES/NO</b>	Play well with others? <b>YES/NO</b>	Like school? <b>YES/NO</b>
Eat breakfast? <b>YES/NO</b>	Have temper tantrums? <b>YES/NO</b>	Overactive? <b>YES/NO</b>
Regular bedtime?		Rising time?
Does your child have a disability due to disease or accident? <b>YES/NO</b>		
Has he been associated with a tubercular patient? <b>YES/NO</b> When?		
Ongoing medication		
Preferred Medical Facility: _____ Phone: _____		

## CONTACT DETAILS

1. **Means of transportation to/from school:** \_\_\_\_\_
2. **Nominated people** permitted to collect your child from school: *(Any changes should be communicated immediately to the school.)*
  - A. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ ID \_\_\_\_\_
  - B. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ ID \_\_\_\_\_
  - C. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ ID \_\_\_\_\_
3. **Emergency contact numbers:**
  - A. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. \_\_\_\_\_
  - B. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. \_\_\_\_\_

## PARENTAL INVOLVEMENT

**Please indicate any of the following ways in which you would like to help out:**

- Teach an arts & crafts class.
- Serve as a substitute teacher. (requires training in ACE learning system)
- Assist on monthly field trips. (Any suggestions?)
- Share about your work in Guangzhou with the children.
- Donate good quality children's books to the school library.
- Make home-made treats to bring to school for Friday "dot" treats.
- Lead students in a morning devotion concentrating on a character trait of Jesus.
- Help purchase needed supplies during trips to Hong Kong. (Will be reimbursed)
- Purchase items for school merit store. (Toys, school supplies, books, gift items, etc.)
- Give brief, age-appropriate lecture on an interesting topic e.g. science, history, hobby, travel, music, astronomy, etc.
- Other *(please specify)* \_\_\_\_\_  
Please list your areas of giftedness/expertise: (Art, drama, science, etc.)