

Application Booklet



SUMMER SCHOOL



NORD ANGLIA
INTERNATIONAL SCHOOL
SHANGHAI, PUDONG

CHILD DETAILS

PLEASE USE ONE APPLICATION FORM FOR EACH CHILD

First name(s)		Preferred name			
Surname		Gender			
Date of birth		Age		Year level	
Nationality		Place of birth			
Religion		Home language(s)			
Other language(s) spoken					
Language(s) spoken by parent or guardian					
Current home address in English and in Chinese if possible. Please inform of any changes as they occur.					
Phone					
Emergency contact name and numbers (other than parent)					
Are there other children (siblings) linked to this application					

DETAILS OF PARENTS OR LEGAL GUARDIAN

Please complete in full			
	Father	Mother	Legal guardian/other
Surname			
First name(s)			
Occupation			
Employer			
Mobile			
Work address			
Business telephone			
Email address			

Is the person making the application the parent or legal guardian? Yes No

If NO, why is the parent or legal guardian not making this application and what is the relationship?

RESPONSIBILITY FOR SUMMER SCHOOL FEES

Responsible for summer school fees Company Parents

Organisation for billing	
Accounts / Invoices for the attention of	
Address for billing	
Contact name and telephone number, email	

School Fees (please tick)

Method of payment Bank transfer Cash

THE SCHOOL BUS

School transport may be available for all programmes – An additional fee is applicable (RMB per day).

Would you like to require school bus service? Yes No

MEDICAL RECORD AND FORM

Present Health			
Does the pupil need/have:			
Regular medical attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyesight problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma/respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above questions please provide details:

Known Allergies. Please provide details if pupil has any allergy:

Does your child have any special dietary requirements?

Previous Illnesses/Operations

Please provide details if the pupil has had any serious past illnesses or operations

Vaccination			
Tuberculosis	Year	Polio	Year
Diphtheria/Tetanus/ Pertussis (DTP)	Year	Rabies	Year
Measles/Mumps/Rubella (MMR)	Year	Typhoid	Year
Epilepsy	Year	Japanese Encephalitis	Year

Authorisation

I/We understand that whilst the School will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/we authorise the School to seek medical advice and treatment for the Pupil if the School believes there to be an emergency and I/we hereby undertake to pay all costs incurred by the school.

I/We also hereby authorise/do not authorise the School to give the Pupil minor medications (e.g. paracetamol) if deemed necessary by the school. Should my child be sick I would prefer that they were treated by Western/ Chinese* treatment. (Delete as applicable)

Parent

Signature _____

Date _____

AGREEMENT

The following persons are authorised to collect the pupil from School/School Bus:

1. Name _____ Relationship to pupil _____
2. Name _____ Relationship to pupil _____
3. Name _____ Relationship to pupil _____

In consideration of Nord Anglia International School Shanghai (hereafter referred to as the School) accepting _____ (hereafter referred to as the Pupil) as a pupil at the Summer School, I / we being the Parent(s) / Guardian(s) of the Pupil do hereby jointly agree to undertake with the School as follows:

1. The Pupil will regularly attend the Summer School and strictly conform to the Rules and Regulations of the School.
2. That I/we have read and understood the terms and conditions listed in the fee payment for the Summer School Programme attached herewith (as amended from time to time by notification from the School). The failure on my/our part to comply with any of the payment conditions of that schedule may result in the Pupil being prevented from attending Summer School classes. Summer School fees must be paid in full by 17 June 201 . An application fee of 20% of the total Summer School fees will be charged at time of application. This is a non refundable payment to secure your child's seat/place.
3. Any change of my/our contact information should be immediately notified to the School.
4. The School may at its absolute discretion require the removal of a Pupil without notice if he or she has been guilty of serious misconduct. In this event, no claim shall arise for the refund (or reduction) of any portion of any fees already paid (or payable) to the School.
5. That I/we authorise the School to take photographs of the Pupil for the School's use.
6. That I/we have disclosed all relevant medical data about the Pupil in the Medical Record and Authorisation Form submitted herewith and will keep the School informed of any changes to the information provided therein.
7. That I/we agree to allow the Pupil to participate in all of the Summer School activities.
8. That any changes to the Pupil's particulars shall be advised in writing as soon as possible to the School. That if any matter requires the approval of or notification to us, it will be sufficient for the School to notify or obtain approval from one of us.
9. That I/we agree that the Pupil attends the School at his/her own risk. The School will in no case be held responsible for any injury that may occur to the Pupil whilst attending the Summer School or whilst travelling to and from the School. The School will also not be responsible for any loss or damage to the Pupil's personal belongings.

I/WE HAVE READ AND FULLY UNDERSTAND THIS COLLECTIVE CONTRACT AND AGREE TO BE BOUND BY IT AND BY ANY SUBSEQUENT AMENDMENTS AS NOTIFIED FROM TIME TO TIME BY THE SCHOOL.

Parent

Signature _____ Date _____

SUMMER PROGRAMME COST AND PAYMENT DETAILS

COURSES:

<input type="checkbox"/>	Week One:	2 June- fIA: 1	Language and Activities(ages -12)
<input type="checkbox"/>	Week Two:	July- July	RMB4000 1 week
<input type="checkbox"/>	Week Three:	1 July- 1 July	RMB7000 2 weeks
<input type="checkbox"/>	Week Four:	1 July- 2 July	RMB10000 3 weeks
	Monday to Friday, 9:00am to 3:00 pm		RMB 12500 4 weeks

IMPORTANT:

Please note NORD ANGLIA INTERNATIONAL SCHOOL SHANGHAI Summer Programme and child's name when making payment.

IN RMB

Account Name: The British International School, Shanghai (上海英国学校)
A/C Number: 088-647292-011
Swift Code: HSBCNSH
Bank Name: HSBC Bank (China) Company Limited, Shanghai Branch (汇丰银行上海分行)
Bank Address: B1, Shanghai IFC, HSBC Building, 8 Century Avenue, Pudong, Shanghai 200120

IN USD:

Account Name: The British International School, Shanghai (上海英国学校)
A/C Number: 404294-15836000001
Bank Name: ANZ Bank Shanghai Branch (澳新银行上海分行)
Swift Code: ANZBCNSH
Bank Address: 1F Mirae Asset Tower, 166 Lujiazui Road, Shanghai 200120

APPLICATION CAN BE SUBMITTED BY EMAIL TO :

summerschool@naispudong.com

Payment made in person to the Finance Office listed below: Pudong Campus

Finance Office

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" AO; : 3ž 1C " 505@

Shanghai 201315

T: (0086) 21 5812 7455

F: (0086) 21 6819 6290

E: summerschool@naispudong.com