



Application for Admission

Dalian Maple Leaf Foreign Nationals School

Please attach photo here

Admission Office
 30 Gaoyuan Street, Zhongshan District, Dalian, China
 Postcode: 116013
 Tel: 0411-8238-7757 Fax: 0411-8239-6922
 Website: www.mapleleaf.com

Student's Name: _____ Sex (M/F): _____ Current Age _____

Birth Date (day/month/year): _____ Last Grade Completed: _____ Anticipated Grade to Enter: _____

Passport Number: _____ Country: _____ Expiration (day/month/year): _____

Language(s) Spoken at Home: _____ Allergies: _____

Does the student have any serious medical/health problems? If so, describe: _____

Medication(s) (Name medication(s) if the student is taking any on a regular basis): _____

Home Address: _____ Home Phone : _____

Dalian Residence Address (if different from above): _____

_____ Dalian Phone: _____ Dalian Fax: _____

Will the student be living with a guardian? _____ If yes, indicate guardian's name, address telephone number and relationship: _____

English Skill Level(very weak, weak, good, excellent): Speaking: _____ Reading: _____ Writing: _____

Mother's Name _____

Father's Name _____

Passport# _____

Passport# _____

Country of the Passport _____

Country of the Passport _____

Company Name _____

Company Name _____

Position _____

Position _____

Work Address _____

Work Address _____

Work Phone _____ Fax _____

Work Phone _____ Fax _____

Mobile Phone _____

Mobile Phone _____

Email _____

Email _____

Emergency Contact name/Phone (other than Parent) _____

Health Care Company: _____ Policy Number: _____ Member ID Number: _____

 Mother's Signature Date(day/month/year)

 Father's Signature Date(day/month/year)

Please attach a photocopy of student's visa from passport.

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|--------------------------------------|--|
| Office Use | Received Application on _____ (day/month/year) Grade _____ |
| | ID# _____ Receipt# _____ |
| Admission Consultant Signature _____ | Date _____ (day/month/year) |