



# 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.

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