



赞比亚中文国际学校

Chinese International School in Zambia

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photo

ENTRY APPLICATION FORM

Personal Information

Student's Surname: _____

Student's First name: _____

Date of Birth (DD/MM/YYYY): _____

Sex: M or F Nationality: _____

Home Tel: _____

Emergency Tel: _____

Residential Address in Zambia

Street Name or P.O Box # _____

City: _____

Mailing Address:

Street Name or P.O BOX # _____

City: _____

State /Province: _____ Country: _____

Postal Code: _____

Siblings at CIS (include Year levels): _____

Educational Information:

Name of Present school: _____

Email: _____

Street Name or P.O BOX #: _____

City: _____

State/Province: _____ Country: _____

Postal Code: _____

Proposed Date of Entry to CIS: _____

Year Level: _____

FULL DAY

HALF DAY

English Language Competency			
	Fluent	Conversational	Weak
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student's Mother Tongue: _____			
(If <u>not</u> English, fill in the information below)			
Competency	Fluent	Conversational	Weak
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Spoken Language(s): _____

Has the child ever received additional support or services (i.e. Learning support, special needs, counseling, ESL, speech, etc.)?

yes no If yes, please elaborate:

Parent Information:

Father's Surname: _____

Father's First Name: _____

Nationality: _____

Language: _____

Occupation: _____

Employer: _____ Work Tel: _____

Cell #: _____

Work place : _____

N.R.C # _____

Email address: _____

Mother's Surname: _____

Mother's First Name: _____

Nationality: _____

Language: _____

Occupation: _____

Employer: _____ Work Tel: _____

Cell#: _____

Email Address: _____

N.R.C# _____

Work Place: _____

Medical Information:

Has your child suffered from any of the following (circle if yes)

Epilepsy	Deafness	Sight	Asthma	Orthopedic Defect	Convulsion	Tumor
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Other: _____

IF you have indicated yes to any of the above please elaborate _____

Please comment if there is any other medical information you feel we should have: _____

IFather/Mother/Guardian of hereby agree that:-

- a. My child can be treated at the Casualty Department at the University Teaching Hospital or CFB. I understand that CIS will do their best to protect students from inherent risks in outdoor activities but I **release any claim against** CIS for any damages the students may incur as a result of participating in outdoor activities. I further acknowledge and agree that this releases CIS of claim, whether for personal injury or any other legal claim that is caused by or arises out of negligent acts or omissions of CIS
- b. My child will be required to take part in school activities such as sports/visits
- c. I shall not claim refund of school fees once paid due to any unforeseen circumstances
- d. I therefore accept full responsibility for the payment of the prescribed term tuition fees in time and meeting all other expenses that may be incurred of my child during stay at school
- e. My child's pictures can be used in public media, such as school advertisements, school facebook, school website, etc.

Signature: _____

Date: _____