

# RECOGNIZE INTERNATIONAL ACADEMY

4-6, Bi Yu Lu, Bi Tao Yuan Villas, Tai Zi Road,  
Shekou, Nanshan District, Shenzhen. 518067

T:(86)(755)26693040  
M: (86) 138 2523 6535  
Email:recognizeacademy@gmail.com

## Registration Forms 2017-18

### Application Checklist

Welcome to Recognize International Academy.

Please review the following items to make sure your application packet is complete.

<u>Documents</u>	<u>Required</u>
Student Passport	Yes
Student Visa	Yes
Parent/Guardian Passport	Yes
Parent/Guardian Visa	Yes
Student Photograph	Yes
Reports from previous years	No
Signed Release / Information From Previous School Form	No
Student Application and Information Forms	Yes
Medical Information and Emergency Instructions Forms	Yes
Immunization Records	Yes

Please return the completed packet to Ms Sherry in the Recognize office.

For questions or assistance please contact:

Ms. Sherry      School Manager and Administration  
Phone:          15013603101  
Email:          sherry.recognize@gmail.com

Mr Ian Taylor    School Principal:  
Phone:          13420915047  
Email:          [ian.recognize@gmail.com](mailto:ian.recognize@gmail.com)

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## STUDENT APPLICATION FORM

**2017-2018**  
(New Student)

PHOTO

FAMILY NAME: \_\_\_\_\_ EXPECTED ENTRY DATE :\_\_\_\_/\_\_\_\_/\_\_\_\_

GIVEN NAME: \_\_\_\_\_CITIZENSHIP: \_\_\_\_\_ Male / Female \_\_\_\_

DATE OF BIRTH: dd \_\_\_\_/mm \_\_\_\_/yyyy \_\_\_\_ (please supply verification: Birth Certificate or Passport)

NAME OF PARENT(S)/GUARDIAN(S):

\_\_\_\_\_  
Father's name Occupation Company Passport No.

\_\_\_\_\_  
Mother's name Occupation Company Passport No.

LOCAL ADDRESS: \_\_\_\_\_

CONTACT INFORMATION:

Tel: Home:\_\_\_\_\_ Mobile (Father):\_\_\_\_\_ Mobile (Mother):\_\_\_\_\_

Email (First):\_\_\_\_\_ Email (Second):\_\_\_\_\_

May we use your phone number in our school directory that's distributed to parents? Yes / No

Do we have your permission to use your child's photo in school materials? Yes / No

WHO IS RESPONSIBLE FOR YOUR FEES: (Company, personal, other)? \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

.....  
(For school use) Student Name \_\_\_\_\_ has been successfully enrolled into  
Recognize International Academy. This acknowledges receipt of the registration fee of \_\_\_\_\_RMB

(Date) \_\_\_\_\_ (Finance Officer: Signature) \_\_\_\_\_

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## STUDENT INFORMATION FORM

STUDENT FULL NAME \_\_\_\_\_

SCHOOL HISTORY List of schools previous attended: (list last school first)

Year/ Grade/ Age	Name of school	Location	Dates attended

Please comment below on any special interests or abilities your child has.

Please comment below on any particular educational programmes your child has been involved in.

If available, please **attach any records** you have from previous schools.

If not available, please give name and address of last school where records can be obtained.

## FAMILY INFORMATION

Parent information:

Name	Occupation	Lives with student Yes/No
Father/Guardian		
Mother/Guardian		

Sibling Information: (brothers and sisters)

Name	Date of Birth	Attending school? If so, which school?

## LANGUAGE INFORMATION:

Primary (first) Language (language spoken at home) \_\_\_\_\_

Second language (s) \_\_\_\_\_

Any background information pertinent to language development

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## STUDENT MEDICAL INFORMATION

To help us provide optimum health services for your child and to keep your child's school health record up to date, we ask for your cooperation in providing the following information:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

1. Does your child have any known allergies? Yes \_\_\_ No \_\_\_  
If yes, please note allergy, reaction and treatment
2. Does your child have asthma? Yes \_\_\_ No \_\_\_  
If yes, please note allergy, reaction and treatment
3. Is your child allergic to insect bites/stings? Yes \_\_\_ No \_\_\_  
If yes, please specify treatment procedure.
4. Does your child have a history of seizures? Yes \_\_\_ No \_\_\_  
If yes, please comment:
5. Has your child has any serious illness, operation or injury Yes \_\_\_ No \_\_\_  
If yes, please explain:
6. Has your child ever been hospitalized? Yes \_\_\_ No \_\_\_  
If yes, please comment:
7. Is your child on any medications? Yes \_\_\_ No \_\_\_  
If yes, please specify:
8. Does your child need medication in school?(including self-medicated inhalers) Yes \_\_\_ No \_\_\_  
If yes, please see the nurse for the appropriate medication form.
9. Does your child have any vision problems or wear glass or contacts? Yes \_\_\_ No \_\_\_  
If yes, please comment:
10. Does your child have any hearing problems or frequent ear infections? Yes \_\_\_ No \_\_\_  
If yes, please specify:
12. Any present or past sleeping or eating problems? Yes \_\_\_ No \_\_\_  
If yes, please specify:
13. Is there anything about your child's health, physical or emotional background that you would like us to know? Yes \_\_\_ No \_\_\_  
If yes, please specify:
14. Please provide your child's **immunization information** as an attachment.

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## **EMERGENCY INSTRUCTIONS FORM**

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

FULL NAME OF STUDENT(S)

TELEPHONE(S) *at which parent may be reached:*

OFFICE:

HOME:

MOBILE:

Please state another person to contact in case we are unable to contact a parent

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

If emergency medical care is required, do you authorise the school to initiate medical care, possibly to include locating a nurse, doctor or emergency services?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you have a preference for a doctor or hospital, please detail below:

In an emergency, I authorise the school to take any steps necessary to obtain medical assistance or administer medical treatment to my child(ren) if parents and other emergency contacts are not available at the time.

Name

Signature

Date

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## INFORMATION FROM PREVIOUS SCHOOL

(To be completed by Principal, Head of School or Guidance Counselor of Previous School)

Name of School \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

.....  
(For Previous School Use)

How long have you known the student?

Your name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Has the applicant ever been dismissed, suspended, or received other disciplinary sanction?  
If yes, please explain

Has the student ever received any Learning Support (special education) services, either  
formally or informally? If yes, please explain

Please briefly describe the student in terms of academics, personality, and attitude towards  
school.

*Thank you for your time and cooperation*

*Recognize International Academy*