

Recognise 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 2023-24

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 Jessica in the Recognize office.

For questions or assistance please contact:

Ms. Theresa School Manager and
Administration Phone: 15013603101
Email: office.recognize@gmail.com

Mr Ian Taylor School Principal:
Phone: 13420915047
Email: ian.recognize@gmail.com

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STUDENT APPLICATION FORM

2023-2024
(New Student)

PHOTO

FAMILY NAME: _____ EXPECTED ENTRY DATE : _____/_____/_____

GIVEN NAME: _____ CITIZENSHIP: _____ Male / Female _____

DATE OF BIRTH: dd_____/ mm_____/ yyy_____(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): _____

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

Recognise 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
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

Recognise International Academy