



APPLICATION FORM

入学申请表

学生信息 STUDENTS INFORMATION				
中文名 / Chinese Name				照片 Photo
英文名 / English Name				
性别 / Gender	<input type="checkbox"/> 男 / Male <input type="checkbox"/> 女 / Female			
血型 / Blood Type				
出生日期 / Date of Birth				
身高 / Height		体重 / Weight		宗教 / Religion
国籍 / Nationality		是否具有中国国籍 / Chinese nationality holder or not;		
身份证号或护照号 / Passport or ID Number:				
学生母语 / Student's First Language:				
学生其他语言 / Other Languages Spoken:				
详细家庭住址 / Home Address:				
学生注册信息 STUDENT REGISTRATION INFORMATION				
目前就读学校或幼儿园 / Current School/Kindergarten				
原班主任姓名及联系方式 / Current homeroom teacher & phone number				
孩子性格特点 / Personality				
未来大学就读方向 / Direction of future university study				
获奖情况: Honors & awards				
学生特长 / Special Talents				
申请入读部门 / Section Applying:				
<input type="checkbox"/> 德国部 German Section <input type="checkbox"/> 法国部 French Section <input type="checkbox"/> 国际部 International Section				



申请年级 / Grade Level Applying					
入学学年 / School Year Applying					
如申请学期中间入学，请填写希望入学日期 / For entry during a semester, please specify when:					
是否需要校车服务 / Is school bus service needed? <input type="checkbox"/> 是 / Yes <input type="checkbox"/> 否 / No					
您是通过何种渠道了解盍碧玺曼詹学校的? How did you know about Hübschmann · Zhan School?					
<p>您是否允许学校及其授权的第三方在校园内外拍摄学生和家长的照片或视频? 这些影像资料将用于学校官方的宣传材料、社交媒体账号、网站以及其他相关的推广活动中。</p> <p>Do you grant permission for the school and its authorized third parties to take photos or videos of students and parents on and off campus? These images will be used for official school promotional materials, social media, websites, and other related promotional activities.</p> <p><input type="checkbox"/>是 / Yes <input type="checkbox"/>否 / No</p>					
学生背景信息 STUDENT ACADEMIC PROFILE					
学校名称 School Name	地点 Location	从何时至何时 Dates Attended	所在年级 Grade Level Attended	教学语言 Language(s) of Instruction	课程 Curriculum
就读学校的相关成绩报告及相关记录 / Previous School(s) report(s) or records					
您的孩子是否曾经跳级 / Has the student ever skipped a grade? <input type="checkbox"/> 是 / Yes, 请具体说明 / please specify: <input type="checkbox"/> 否 / No					
您的孩子是否曾经被学校勒令退学过 / Has the student ever been dismissed from a school? <input type="checkbox"/> 是 / Yes, 请具体说明 / please specify: <input type="checkbox"/> 否 / No					
您的孩子是否有特殊学习困难? / Does the student have any specific learning difficulties? <input type="checkbox"/> 是 / Yes, 请具体说明 / please specify: <input type="checkbox"/> 否 / No					
您的孩子是否内心敏感, 需要特别关注 / Is the student emotionally sensitive and need special attention? <input type="checkbox"/> 是 / Yes, 请具体说明 / please specify: <input type="checkbox"/> 否 / No					



您的孩子是否需要限制体育活动 / Does the student have physical limitations?

是 / Yes, 请具体说明 / please specify: 否 / No

您的孩子是否需要医疗支持或者需要在校期间用药?

Does the student need medical support or medication during school?

是 / Yes, 请具体说明 / please specify: 否 / No

您的孩子是否有额外辅助或课后辅导? 如果是, 请从下方选择:

Is the student receiving extra help or tutoring after school hours? If yes, please choose from below:

英文 / 中文补习课 / ESL / CSL 学习辅导 / Learning Support 其他 / Other

家长信息 PARENTS INFORMATION

母亲姓名 / Mother's name:	父亲姓名 / Father's name:
国籍 / Nationality:	国籍 / Nationality:
身份证或护照号 / Passport or ID Number:	身份证或护照号 / Passport or ID Number:
手机号码 / Phone Number:	手机号码 / Phone Number:
电子邮箱 / Email:	电子邮箱 / Email:
学历 / Highest education degree:	学历 / Highest education degree:
母亲工作单位 / Name of company:	父亲工作单位 / Name of company:
微信号 WeChat:	微信号 WeChat:

学生紧急联系人 EMERGENCY CONTACT INFORMATION

联系人姓名 / Name:	与孩子关系 / Relationship:
手机号码 / Phone Number:	微信号 WeChat:

家庭其他子女信息 SIBLING INFORMATION

姓名 Name	出生日期 Date of Birth	性别 Gender	目前所在年级 Current School	是否同时申请本校? 申请年级? Is sibling applying for HuZ? Which grade?

*请注意: 及时更新以上信息是所有家长的责任。手机号码及电子邮件地址在申请过程中尤其重要。

***Notice: It is the responsibility of the applicant's parents to update this information above as needed.**

Mobile numbers and e-mail addresses are extremely important in the application process.



STUDENT HEALTH FORM

学生健康信息表

学生信息 STUDENT INFORMATION			
姓名 / Name			
出生年月日 / Date of Birth			
性别 / Gender	<input type="checkbox"/> 男 / Male <input type="checkbox"/> 女 / Female		
家庭住址 / Home Address			
电话号码 / Phone Number			
血型 / Blood Type:			
您的孩子的保险公司名称 Insurance company:			
保险编号 / Insurance No.:			
当前是否在进行任何医药治疗 Any Current Medications			
健康信息 HEALTH INFORMATION			
<p> 请根据孩子健康状况回答以下问题，我们将对所有信息保密。如果问题回答为“是”，请说明用药和治疗情况。如需要，可以附加相关文件。 Please answer the following questions regarding the health condition of the student. All information will be kept confidential. For Yes answer, please list any treatment or medication. Please attach additional documents as needed. </p>			
健康情况 / Health condition	是 / Yes	否 / No	治疗 / 用药 / Treatment / Medication
多动症 / 注意力不集中 / ADD/ADHD			
哮喘 / Asthma			
水痘 / Chicken Pox			
尿床 / Bedwetting			
骨骼问题 / Bone / Skeletal Problems			
糖尿病 / Diabetes			



心脏病 / Heart Disease					
癫痫症 / Epilepsy					
家族遗传病史 Familial-hereditary Disease					
<p>心理及精神健康问题 / Psychological and Mental Problems</p> <p>请您描述您的孩子在情感/行为和心理方面的其他问题，及其是否正在接受或曾经接受过药物或其他辅助治疗 Please inform us of any other emotional, behaviour, or psychiatric problems about which the school should be aware of, and of any medication or therapies taken for such conditions, if any.</p>					
<p>请详细列出过敏史，包括药物和食物 Please list the student's history of allergies, including drugs and food.</p>					
<p>饮食特别注意 / Special Dietary Considerations</p> <p><input type="checkbox"/>清真 / Halal Meat <input type="checkbox"/>素食 / Vegetarian</p>					
疫苗接种 VACCINATION RECORD					
接种名称 / Vaccination	是 / Yes	否 / No	接种名称 / Vaccination	是 / Yes	否 / No
卡介苗 / BCG			脊灰疫苗 / OPV		
麻疹，腮腺炎，风疹 / MMR			乙肝 / H		
白百破 / DPT			甲肝 / HAV		
水痘 / Varicella			流脑 / A+C / Men C A+C		
乙脑 / JEV			其他 / Others		
过往病史 / Any diseases, conditions, or allergies?					
疾病 Disease		诊断 Comment		药物 (请详细填写) If medication needed, please specify	
<p>你是否允许盍碧玺曼詹学校的员工： Do you give permission for Hübschmann · Zhan School staff to:</p>					
实施急救? / Administer first aid?			<input type="checkbox"/> 是 / Yes <input type="checkbox"/> 否 / No		
在紧急情况下，授权医生在不咨询紧急联系人的情况下进行治疗。 In emergency situations, authorize doctors to perform medical treatment without consulting with Emergency Contact Person?			<input type="checkbox"/> 是 / Yes <input type="checkbox"/> 否 / No		

签字/Signature:

日期/Date:

父母/监护人的协议和声明
Parent/Guardian`s Agreement and Declaration

作为学生的父母/监护人，我特此向盍碧玺曼詹学校作出如下保证：

As the parent/guardian of the student mentioned above, I do hereby agree to undertake with Hübschmann Zhan School as follows:

本人在此“入学申请表”及“学生健康信息表”中所提供的信息及所有资料都是至今为止最完整、最真实和最准确的。如有虚假或不实信息，本人愿意承担相应的法律责任。

That the information and all materials submitted along with this "Application Form" and "Student Health Form" are, to the best of my knowledge, the most complete, accurate, and truthful to date. If there is any false or inaccurate information, I am willing to bear the corresponding legal responsibilities.

家长签字/Signature: _____

日期/Date: _____



SAFETY INSTRUCTION 安全须知

本校根据国家规定配置安装符合国家安全标准的设施设备，定期对设施设备进行检查，为确保学生的身心健康和生命安全，请家长遵守如下条款：

According to the national regulations, our school configures and installs facilities and equipment that meet the national safety standards, and regularly checks the facilities and equipment. In order to ensure the physical and mental health and life safety of students, parents are requested to abide by the following terms:

1.配合学校对学生进行安全教育、管理和保护，不让学生携带危险品到校（如刀具、打火机、腐蚀性物品以及有可能对别人和自己造成人身伤害的物品等）。

Cooperate with the school to carry out safety education, management and protection for students, and prevent students from carrying dangerous goods to the school (such as knives, lighters, corrosive goods and articles that may cause injury to others and themselves, etc.)

2.若自己的孩子行为失当，给他人造成伤害，或对自己和他人的物品造成伤害，监护人应承担相应的后果。

When a student behaves inappropriately, causing harm to others, or causing damage to the property of himself /herself or others, the student's guardians shall bear the corresponding consequences.

3.学生在校内突发疾病，我校第一时间通知家长，若家长不能及时到校，我校在保健医同意后带学生到就近医院就医。

If the students have a sudden illness in the school, our school will inform the parents at the first time. If the parents can't arrive at the school in time, our school will take the students to the nearest hospital for medical treatment with the consent of the health care doctor (staff).

家长签字/Signature: _____

日期/Date: _____



QUESTIONNAIRE ON FAMILY-SCHOOL EDUCATION 家校共育问卷调查

1. 学生是否有哪些艺术特长？如果是，请列举：

Does the student have any artistic expertise? If yes, please list

2. 学生的艺术特长是否获得哪些等级证书、奖励？如果有，请列举：

Are there any certificates or awards the student received for the artistic expertise? If yes, please list:

3. 学生的艺术特长如果是表演方面，请列举演出及获奖经历：

If the student's artistic expertise is in performance, please list :

4.关于学生参加学校的对外活动，您是否支持，有什么看法？

Regarding students participating in school's external activities, will you support such events and what are your opinions ?

5.关于学校组织的实践性、研学活动，您是否支持，有什么看法？

Do you support the practical and research activities the school organizes? What are your opinions ?

6.关于我校学生参与电视台录制或合作单位联合举办的活动，您是否支持，有什么看法？

Regarding the participation of our students in TV station recordings or activities jointly organized by partner units, do you support it? What are your opinions ?