



THE BRITISH SCHOOL OF BEIJING, SANLITUN A NORD ANGLIA EDUCATION SCHOOL

## PARENT/GUARDIAN Information

## Parent/Guardian 1 of 3

| Title  |   |  |  |
|--|---|--|--|
| First name   | Last name                               |  |  |
| Nationality  | Relationship to child                   |  |  |
| Email address  |   |  |  |
| Company (optional)   |   |  |  |
| Primary telephone number   | Alternative telephone number (optional) |  |  |
| Are you an alumni of this school? (optional)<br>Yes No   | How many children do you have?          |  |  |
| Are any of them currently enrolled at a Nord Anglia school?<br>Yes No If 'Yes', please provide more information, including name and year level |   |  |  |
| Do you have legal custody of the child / children applying?<br>Yes No  |   |  |  |
| Address 1  | Address 2 (optional)                    |  |  |
| City   | City 2                                  |  |  |
| Postal / zip code  | Postal / zip code 2                     |  |  |
| Country / Region of residence  | Country / Region of residence 2         |  |  |

## PARENT/GUARDIAN Information

## Parent/Guardian 2 of 3

| Title  |   |  |  |  |
|--|---|--|--|--|
| First name   | Last name                               |  |  |  |
| Nationality  | Relationship to child                   |  |  |  |
| Email address  |   |  |  |  |
| Company (optional)   |   |  |  |  |
| Primary telephone number   | Alternative telephone number (optional) |  |  |  |
| Are you an alumni of this school? (optional)<br>Yes No   | How many children do you have?          |  |  |  |
| Are any of them currently enrolled at a Nord Anglia school?<br>Yes No If 'Yes', please provide more information, including name and year level |   |  |  |  |
| Do you have legal custody of the child / children applying?<br>Yes No  |   |  |  |  |
| Address 1  | Address 2 (optional)                    |  |  |  |
| City   | City 2                                  |  |  |  |
| Postal / zip code  | Postal / zip code 2                     |  |  |  |
| Country / Region of residence  | Country / Region of residence 2         |  |  |  |

## PARENT/GUARDIAN Information

## Parent/Guardian 3 of 3

| Title  |   |  |  |
|--|---|--|--|
| First name   | Last name                               |  |  |
| Nationality  | Relationship to child                   |  |  |
| Email address  |   |  |  |
| Company (optional)   |   |  |  |
| Primary telephone number   | Alternative telephone number (optional) |  |  |
| Are you an alumni of this school? (optional)<br>Yes No   | How many children do you have?          |  |  |
| Are any of them currently enrolled at a Nord Anglia school?<br>Yes No If 'Yes', please provide more information, including name and year level |   |  |  |
| Do you have legal custody of the child / children applying?<br>Yes No  |   |  |  |
| Address 1  | Address 2 (optional)                    |  |  |
| City   | City 2                                  |  |  |
| Postal / zip code  | Postal / zip code 2                     |  |  |
| Country / Region of residence  | Country / Region of residence 2         |  |  |

# CHILD/CHILDREN Information

## Child 1 of 5

| First name (as per passport) | Native language   |
|------------------------------|---|
| Last name (as per passport)  | Second language (optional)                                  |
| Preferred name (optional)    | Religion (optional)   |
| Gender                       | Indicate preferred month of enrolment                       |
| Date of birth                | Indicate preferred year of enrolment                        |
| Nationality 1                | What type of school are you interested in? Day or Boarding? |
| Nationality 2 (optional)     |   |

Passport number

## CHILD/CHILDREN ACADEMIC Information

### Child 1 of &

English language proficiency - spoken

English language proficiency - written

| concerns around your child's social or<br>ss that we should know about? | Does your child have any Additional Educational Needs (AEN) that you are aware of?   |  |  |
|---|--|--|--|
| If 'Yes', please provide more information                               | Yes No If 'Yes', please provide more information   |  |  |
| ceived any additional in-school / external support?                     |  |  |  |
| If 'Yes', please provide more information                               | Please input your requested year / grade level / curriculum  |  |  |
| tended a previous school?   | Current / previous school name   |  |  |
|   | Attended to  |  |  |
|   | Country / Region   |  |  |
|   | Language of instruction  |  |  |
| st  | Reason for leaving   |  |  |
|   | Contact email address  |  |  |
|   | ss that we should know about?<br>If 'Yes', please provide more information<br>ceived any additional in-school / external support?<br>If 'Yes', please provide more information<br>ended a previous school? |  |  |

Has your child ever been rejected, expelled or suspended from a school?

Yes No If 'Yes', what is the reason?

## CHILD/CHILDREN MEDICAL Information

### Child 1 of &

Does your child suffer with any medical conditions? Yes No If 'Yes', please provide more information

Is your child on any prescription drugs? Yes No If 'Yes', please provide more information

Is your child unable to participate in sports for any reason? Yes No If 'Yes', please provide more information

 Does your child have any allergies to your knowledge?

 Yes
 No
 If 'Yes', please provide more information

Has your child had any vaccinations?

Yes No If 'Yes', please provide more information

Does your child have any special dietary requirements? Yes No If 'Yes', please provide more information

# CHILD/CHILDREN Information

## Child 2 of &

| First name (as per passport) | Native language   |
|------------------------------|---|
| Last name (as per passport)  | Second language (optional)                                  |
| Preferred name (optional)    | Religion (optional)   |
| Gender                       | Indicate preferred month of enrolment                       |
| Date of birth                | Indicate preferred year of enrolment                        |
| Nationality 1                | What type of school are you interested in? Day or Boarding? |
| Nationality 2 (optional)     |   |

Passport number

## CHILD/CHILDREN ACADEMIC Information

### Child 2 of &

English language proficiency - spoken

English language proficiency - written

| Do you have any concerns around your child's social or academic progress that we should know about? |           |  | Does your child have any Additional Educational Needs (AEN) that you are aware of? |  |  |
|---|-----------|--|--|--|--|
| Yes 1   | No        | If 'Yes', please provide more information          | Yes No If 'Yes', please provide more information                                   |  |  |
| ⊣as your ch   | hild rece | eived any additional in-school / external support? |  |  |  |
| Yes No If 'Yes', please provide more information  |           | If 'Yes', please provide more information          | Please input your requested year / grade level / curriculum                        |  |  |
| Has your ch   | hild atte | nded a previous school?                            | Current / previous school name   |  |  |
| Yes N<br>Attended fro   | No        |  | Attended to  |  |  |
| City  |           |  | Country / Region   |  |  |
| Curriculum  |           |  | Language of instruction  |  |  |
| Reference   |           |  | Reason for leaving   |  |  |
| Yes No<br>Contact name  |           |  | Contact email address  |  |  |

Has your child ever been rejected, expelled or suspended from a school?

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## CHILD/CHILDREN MEDICAL Information

### Child 2 of &

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Is your child unable to participate in sports for any reason? Yes No If 'Yes', please provide more information

Does your child have any allergies to your knowledge? Yes No If 'Yes', please provide more information

Has your child had any vaccinations?

Yes No If 'Yes', please provide more information

Does your child have any special dietary requirements? Yes No If 'Yes', please provide more information

# CHILD/CHILDREN Information

## Child 3 of &

| First name (as per passport) | Native language   |
|------------------------------|---|
| Last name (as per passport)  | Second language (optional)                                  |
| Preferred name (optional)    | Religion (optional)   |
| Gender                       | Indicate preferred month of enrolment                       |
| Date of birth                | Indicate preferred year of enrolment                        |
| Nationality 1                | What type of school are you interested in? Day or Boarding? |
| Nationality 2 (optional)     |   |

Passport number

## CHILD/CHILDREN ACADEMIC Information

### Child 3 of &

English language proficiency - spoken

English language proficiency - written

| Do you have any concerns around your child's social or academic progress that we should know about? |           |  | Does your child have any Additional Educational Needs (AEN) that you are aware of? |  |  |
|---|-----------|--|--|--|--|
| Yes 1   | No        | If 'Yes', please provide more information          | Yes No If 'Yes', please provide more information                                   |  |  |
| ⊣as your ch   | hild rece | eived any additional in-school / external support? |  |  |  |
| Yes No If 'Yes', please provide more information  |           | If 'Yes', please provide more information          | Please input your requested year / grade level / curriculum                        |  |  |
| Has your ch   | hild atte | nded a previous school?                            | Current / previous school name   |  |  |
| Yes N<br>Attended fro   | No        |  | Attended to  |  |  |
| City  |           |  | Country / Region   |  |  |
| Curriculum  |           |  | Language of instruction  |  |  |
| Reference   |           |  | Reason for leaving   |  |  |
| Yes No<br>Contact name  |           |  | Contact email address  |  |  |

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### Child 3 of &

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Is your child on any prescription drugs? Yes No If 'Yes', please provide more information

Is your child unable to participate in sports for any reason? Yes No If 'Yes', please provide more information

Does your child have any allergies to your knowledge? Yes No If 'Yes', please provide more information

Has your child had any vaccinations?

Yes No If 'Yes', please provide more information

Does your child have any special dietary requirements? Yes No If 'Yes', please provide more information

# CHILD/CHILDREN Information

## Child 4 of &

| First name (as per passport) | Native language   |
|------------------------------|---|
| Last name (as per passport)  | Second language (optional)                                  |
| Preferred name (optional)    | Religion (optional)   |
| Gender                       | Indicate preferred month of enrolment                       |
| Date of birth                | Indicate preferred year of enrolment                        |
| Nationality 1                | What type of school are you interested in? Day or Boarding? |
| Nationality 2 (optional)     |   |

Passport number

## CHILD/CHILDREN ACADEMIC Information

### Child 4 of &

English language proficiency - spoken

English language proficiency - written

| Do you have any concerns around your child's social or academic progress that we should know about? |           |  | Does your child have any Additional Educational Needs (AEN) that you are aware of? |  |  |
|---|-----------|--|--|--|--|
| Yes 1   | No        | If 'Yes', please provide more information          | Yes No If 'Yes', please provide more information                                   |  |  |
| ⊣as your ch   | hild rece | eived any additional in-school / external support? |  |  |  |
| Yes No If 'Yes', please provide more information  |           | If 'Yes', please provide more information          | Please input your requested year / grade level / curriculum                        |  |  |
| Has your ch   | hild atte | nded a previous school?                            | Current / previous school name   |  |  |
| Yes N<br>Attended fro   | No        |  | Attended to  |  |  |
| City  |           |  | Country / Region   |  |  |
| Curriculum  |           |  | Language of instruction  |  |  |
| Reference   |           |  | Reason for leaving   |  |  |
| Yes No<br>Contact name  |           |  | Contact email address  |  |  |

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Is your child on any prescription drugs? Yes No If 'Yes', please provide more information

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 Does your child have any allergies to your knowledge?

 Yes
 No
 If 'Yes', please provide more information

Has your child had any vaccinations?

Yes No If 'Yes', please provide more information

Does your child have any special dietary requirements? Yes No If 'Yes', please provide more information

## COMMUNICATION PREFERENCES and fees

### Communication preferences and fees

| Communication preferences and fees                               |  |
|--|--|
| Who is the primary contact?                                      | To whom should reports be sent?          |
| Who should receive school news and teacher class communications? | Who should have access to Parent Portal? |
| Emergency contact name   | Emergency contact number                 |
|  |  |
| Who is paying for the fees?                                      | Company / Other                          |
|  |  |
| Invoice address 1  | Invoice address 2 (optional)             |
| City 1   | City 2                                   |
| Postal / zip code 1  | Postal / zip code 2                      |

Country / Region of residence 1

Country / Region of residence 2

## PERSONAL INFORMATION COLLECTION Statement

All personal data collected from students and/or their parents/guardians in connection with their education at the School will be handled by our staff, kept confidential and used by Nord Anglia Education Limited and/or our affiliates ("we" or "us") for lawful and relevant purposes including but not limited to:

- verification of a student's academic and other information;
- school administration and operation;
- the organisation, administration and operation of extra-curricular expeditions and activities, including but not limited to making arrangements with third parties for relevant insurance cover, medical assistance, supervision and execution of activities;
- sending communications to parents and students including newsletters and information about events and extra-curricular activities provided by the School or third-party providers;
- statistical and research purposes;
- · other school related purposes; and
- alumni activities.

We may disclose some of the data to third parties such as agencies (including governmental bodies), service providers (including insurance providers, security/medical service providers and third party activity/expedition organisers) and contractors appointed by us (whether within or outside the jurisdiction in which the personal data was collected) to undertake some of our academic, pastoral, extra-curricular and administrative functions. This includes transferring data between affiliates. We will not disclose any personal data to any external bodies or organisations unless:

- such disclosure is expressly provided for under this Statement;
- · permitted to do so by the student or his/her parent/guardian; and/or
- permitted or required by law.

Personal data may be stored in our or our affiliates' database systems (which may be located within or outside the jurisdiction in which the personal data was collected) and online portals and will form part of the applicant's official student records. It may also be stored in online student resources such as the global classroom.

Where such personal data is not required to be retained by law, such personal data may be destroyed within 24 months following rejection of the application or otherwise as required or permitted by law.

If a Parent Teacher Association (PTA) is existing/established, we may provide such personal data to the relevant PTA for inclusion in the PTA directory and other PTA activities. If a student or his/her parents/guardians do not wish for such data to be included in the PTA directory, please inform us.

In the event that a student already has a sibling at the School, the records of such sibling will be updated according to the data provided on the new student's enrolment form where relevant.

Failure to provide the requested data may affect the Students' ability to participate in certain events, activities and expeditions arranged by the School.

All practicable steps will be taken to ensure that personal data held by us is accurate. We will take all practicable and reasonable steps to ensure security of the personal data and to avoid unauthorised or accidental access, collection, use, disclosure, copying, modification, disposal, erasure or other use.

Students or their parents/guardians may have the right to access or correct personal data held by the School under applicable law. Requests for access and correction should be addressed in writing to the Principal (addressed to the School). We may levy a charge for accessing the information.

If any of our communications constitute direct marketing we will separately seek your consent where required by law. In addition, NAE will (1) honour any request we may receive from you to stop receiving such communications and (2) assist in ensuring that you do not receive targeted advertising that is unlikely to be of interest to you.

Where you do not consent to direct marketing, or where we do not wish to target specific ads to you, we will sometimes meet these requirements by sharing your email address with our advertising service providers, to ensure that such communications are not issued to you. Your email address will be irreversibly encrypted by them and will not be used for any other purpose. We rely on legitimate interests (managing the advertising of our services) for this purpose.

The terms of NAE's privacy and cookie policy can be found at www.nordangliaeducation.com.



## School Medical Policy

We are a nut-free school, so please don't bring in the following "Nuts", Almond, Brazil nut, Cashew, Chestnut, Filbert, Hazelnut, Macadamia nut, Peanuts, Pine nut, Pistachio, Walnut.

One of the biggest difficulties with nut avoidance has to do with cross-contamination. Please don't bring in any foods that might be contaminated with any mentioned above.

#### Medical Care

We provide a nursing station to attend to health concerns and day-to-day minor ailments of our students in a warm and caring environment.

Our nurses are also equipped to deal with more serious emergencies and work closely with teaching staff and the cafeteria to create a healthy environment for students.

Our Health Policy is as follows:

- If your child has a temperature of greater than 37.5°C, he or she will be sent home. Parents will be contacted to come and collect their child; they are then to have a further 24 hours off after temperature has gone, without any medication.
- If your child has diarrhea or is vomiting he or she will be sent home. Parents will be contacted to come collect and take their child home and will need 24 hours off school following last episode of vomiting or diarrhea before returning.
- If your child has head lice, he or she will be sent home. Parents will be contacted to come collect and take their child. The student can then return following proper head lice treatment has been given and no live lice visible.
- If your child has an infectious disease (hand foot and mouth disease, chicken pox, scarlet fever, etc) he or she will be sent home. Parents will be contacted to come collect and take their child home. The student can return after receiving a written diagnosis from a doctor saying they are clear to return.
- All medication brought into school for pupils needs to come in via the Nurse Office, and to be left with the nurses for the school day. The parent or Guardian will also need to fill in the relevant form; if this does not happen then the pupil will not be able to receive the medication.
- If your child has any serious sickness/injury not already known to us, please could you also tell at the earliest convenience and provide a doctor/medical note.

I understand that it is my responsibility to ensure that I will follow the school medical policy.

| Signed (parent or guardian): |       | Date:       |
|------------------------------|-------|-------------|
| Child's name (please print): | Year: | Start Date: |



### **Medical Insurance**

Family Name: \_\_\_\_\_

(one per family)

Please provide a copy of your insurance document or insurance card(s).

This page must be signed and returned even if there is no insurance cover at this time.

#### **Medical Insurance Provider Details**

| Name of Insurer:                       |               |                |
|--|---------------|----------------|
| Cover:                                 |               |                |
| Address of insurer:                    | International | Chinese(Local) |
| Emergency contact<br>telephone number: |               |                |

#### Child(ren)'s details

| Name(s) of child(ren) | Year Group | Medical insurance policy<br>number | Passport number |
|-----------------------|------------|------------------------------------|-----------------|
| 1.                    |            |                                    |                 |
| 2.                    |            |                                    |                 |
| 3.                    |            |                                    |                 |
| 4.                    |            |                                    |                 |

As the parent or guardian of the child(ren) listed above, I understand that it is my responsibility to ensure that my child(ren) are covered by a current medical insurance policy during their time at the British School of Beijing. I understand that I must arrange medical insurance to cover all medical expenses arising from any accidents occurring within the school premises, while participating in school activities including educational visits or while in transit to and from the school. I fully understand that the school will not be responsible for covering any medical expenses for my child(ren) under any circumstances.

| Signed (parent or guardian):                | <br>Date: |  |
|---|-----------|--|
| Parent's or guardian's name (please print): |           |  |
| i arene son guardian siname (preuse print). |           |  |



## School Transport Request

(One per family)

#### CHILD(REN)'S DETAILS

| Family Name:                  | Confirmed date of entry:            |
|-------------------------------|-------------------------------------|
| 1 <sup>st</sup> child's name: | Year group: Campus: Sanlitun Shunyi |
| 2 <sup>nd</sup> child's name: | Year group: Campus: Sanlitun Shunyi |
| 3 <sup>rd</sup> child's name: | Year group: Campus: Sanlitun Shunyi |
| 4 <sup>th</sup> child's name: | Year group: Campus: Sanlitun Shunyi |

Will the child(ren) require the school bus service? Yes No

#### SCHOOL TRANSPORT REQUEST

| Preferred pick-up/drop-off point: |               |   |                  |  |
|-----------------------------------|---------------|---|------------------|--|
| Bus service required from (date): |               |   |                  |  |
| Service required:                 | Both ways     | To school   | From School only |  |
| First day(s) in school:           | Bus home only | Full bus service required<br>Bus home only (parents will bring to school)<br>No bus required until date given above |                  |  |

All requests should be made no later than the dates listed below: 1.

Autumn Term buses by 1st August.

Spring Term buses by 1st December.

Summer Term buses by 1st March.

Bus transportation cannot be guaranteed during the first week of term for any late requests.

- 2. Children starting mid-term will need to give one week's notice of their intentions to use the bus service.
- The school bus service is provided on request, and at the school's discretion. All applications should be made through this request form. 3.
- 4. All school bus routes are designed prior to the beginning of each school year, taking into account the transportation requests received at that time.
- The school bus co-ordinators will make every effort to accommodate transportation requests received in good time, but cannot guarantee bus 5. service to or from any particular location.
- If a new student is in temporary accommodation and will later move, or if an existing student moves house, notice should be provided as soon as 6. possible. While the school will do its utmost to satisfy every transport request received, provision of the service is subject to accessibility, current bus routes and seat availability.
- Students must be punctual and wait for the school bus at the designated time. The bus will not wait for late arrivals. 7.
- Parents/Guardians of primary students are requested to wait at designated pick-up and drop-off points set by the school to ensure the safety of 8. their child(ren).
- The school reserves the right to change bus routes, pick-up/drop-off times and points at any time of the school year in order to satisfy the needs of 9. the majority of students on a particular route.
- 10. If a child is absent or due to be absent from school for any reason, the bus coordinator and/or bus monitor must be informed immediately.
- 11. Security cards provided by the school must be worn at all times by parents when picking up/dropping off children.
- 12. Teddies 1 children can only use the bus service if accompanied by their own parent or ayi.

As the parent or guardian of the child(ren) listed above, I confirm my acceptance of the terms and conditions relating to the use of the school bus service.

Parent's/Guardian's name (please print): \_\_\_\_

Nord Anglia Education Limited registered in England and Wales | Company Number: 2116088