



2026 SUMMER ENRICHMENT REGISTRATION FORM

(中高一般コース)

2026年6月12日までに申込書とメディカルフォームを日本語デスクにご提出ください。japanese@laschina.org

※申込書類は英語で記載してください。

Registration form with fields for Student Name, Current Grade, Date of Birth, Home Phone, Gender, Nationality, Home Address, Parent's Name, Email Address, Work Phone, Cell Phone, Name of School, and School Address.

Please indicate your morning selection: 午前クラスの参加にチェックをつけてください

Table with 3 columns: General Courses, Time, and 6/22-7/31 (6 Weeks). Row 1: English Language Learning (初級~中級), 08:30-12:20, RMB 2,990/week.

Please indicate your afternoon selection: 午後の参加クラスにチェックをつけてください

Table with 3 columns: Afternoon General Courses, Time, and 6/22-7/31 (6 Weeks). Rows include Intensive Writing Workshop, Algebra Readiness Workshop, and Intensive Chinese.

*Please indicate your applying term if you will join the General Courses. 参加期間にチェックをつけてください。

Table with 6 columns representing weeks (1st to 6th) and checkboxes for each week's dates.

Lunch & Bus for General Courses: 午前のみ参加の生徒はお昼ご飯を食べずに帰宅しますので、ランチのお申し込みはできません。

正午の送迎バスの提供はありません。半日参加の生徒は片道は保護者による送迎が必要になります。片道乗車の金額設定はありません。

バス・ランチの利用有無をお知らせください。

Form with fields for Lunch and Bus, each with an 'Amount per week' and a checkbox for RMB 175/week and RMB 550/week respectively.

Form with fields for Total fees and Remark.



Sibling Discount (5% on tuition from 2nd child)
兄弟割引の有無（受講料の低い方に5%割引）

お支払い方法を下記から選択してください

兄弟児(氏名 & 学年) _____

Pay by cash
現金

Bank Transfer
銀行振込

【発票発行について】 SLAS 以外の学校からご参加の皆さまへ

1. 発票発行の指定事項（发票抬头）はありますか？ YES NO
2. YES の場合、発票あて名（发票抬头）に記載する名前や税務番号等を以下にご指示ください。

全参加者の保護者の皆さまへ

生徒のクラス配置については、申込人数や語学レベルをもとに SLAS が決定します。2026 年 6 月 12 日以降、サマースクール費用の返金請求には応じません。悪天候のための休校に対する返金はいたしません。

上記をよく読み、同意しました。

Parent/Guardian's Signature
保護者サイン

Date
日付

SLAS Bank Account Information:

Bank Name	First Sino Bank Hong Qiao Sub-Branch 富邦华一银行虹桥支行
Address	No.88 East RongHua Road, Changning Shanghai 201103, P.R.C 上海市荣华东道 88 号 201103
Phone	(86 21) 6295 1616
Account Name	Shanghai Livingston American School 上海李文斯顿美国外籍人员子女学校
Account Number	RMB A/C 50100001100004085 USD A/C 50100001200004087
SWIFT	FSBCCNSH
Note	Please write your child's English Name, Grade Level, and Summer Program on the copy of the bank voucher/remittance form and fax it to (86 21) 5218 0390 or email to info@laschina.org for confirmation.



Student Medical Record-2026 Summer Enrichment

Please fill out in BLOCK CAPITALS.

Please fill out the medical form in English.

Student Name	Grade	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yy)
Address in China				
Mother's Cell phone:		Father's Cell phone:		

Is the student currently taking medication regularly? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what medication and for what purpose?
Has the student undergone surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:
Does the student suffer from allergies? Drug(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Environmental factors <input type="checkbox"/> Yes <input type="checkbox"/> No Food(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Please specify)
Does the student have any medical condition which would prevent him/her from participating fully in physical education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:

Please be aware that SLAS is not enrolling new students with any serious food allergies.

Family Doctor/Clinic Name	Phone Number
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MEDICINE AT SCHOOL

<p>If you wish to have medicine administered to your child by the school nurse you must provide the nurse in writing (in English):</p> <ol style="list-style-type: none"> The name of the medicine _____ The purpose of the medicine _____ The dosage and frequency of administration. _____ <p>Students are not permitted to have drugs or medications on their person. All such administrations must take place in the nurse's office under her supervision. A medication form will be required for applicable students.</p>
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<p>I certify that the information provided in this application is complete and correct.</p> <p>Signature: _____ Date (mm/dd/yy): _____</p> <p>Relationship to applicant: _____</p>
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