



EDUCATION HISTORY

School Last Attended	Last Grade Completed
Address of School	
Please list any outside school commitments.	
Activities	Days of the Week
Time (e.g. 4:30pm-6:30pm)	

1. Has the student been tested for or recommended for any of the following:	
Autism / Asbergers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyslexia / Dyspraxia / Dysgraphia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gifted or talented program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language and speech disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the student received service in a special program (such as resource, special day, speech language, gifted and talented)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the student ever been suspended or expelled from school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the student received individualized testing? If yes, please enclose test results.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does the student have a current IEP (Individualized Education Plan)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the student exhibited behavior problems at home or in a school setting?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has the student participated in behavioral management, counseling, or family therapy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Please explain any of the boxes checked Yes above on a separate piece of paper.

EMERGENCY CONTACT INFORMATION

(In the event a parent or guardian could not be reached in an emergency, please list neighbors/friends who could be called.)

Name of Neighbor/Friend	Phone Number



PARENT'S/GUARDIAN INFORMATION

Father's Name	Nationality
Cell Phone	Office Phone
Fax	Email
Employer's Name	Title / Position
Employer's Address	
Does the father understand spoken English?	<input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None
Does the father understand written English?	<input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None
If not, which language(s)?	
Residing with Family?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mother's Name	Nationality
Cell Phone	Office Phone
Fax	Email
Employer's Name	Title / Position
Employer's Address	
Does the mother understand spoken English?	<input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None
Does the mother understand written English?	<input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None
If not, which language(s)?	
Residing with Family?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Guardian's Name	Nationality
Cell Phone	Office Phone
Fax	Email
Relationship to student	

It is understood that one parent must reside with the student and that the school must be notified if both parents leave China.

I hereby apply for admission of the above-named student to Shanghai Livingston American School, Shanghai, China, and accept the rules and regulations of the school as outlined in the policies of the school board, application packet and school handbook. I certify that the information provided in this application is complete and correct. I understand a child may be discontinued enrollment from Shanghai Livingston American School if any information provided in the application is incorrect, withheld, or omitted.	
Signature: _____	Date (mm/dd/yy): _____
Relationship to applicant: _____	