

Teda International School



Application Package

2017-2018

Teda International School No 72, 3rd Ave. Teda, China 300457
Tel : (022)- 66226297/ 66226158-6988 Fax : (022)-6200 1818
www.tedais.org Email : wendy@tedais.org / hellen@tedais.org



Enrollment Procedure

1

An application package must be completed in full by a parent or legal guardian and submitted along with the application fee RMB of ¥2000 (non-refundable, non-transferrable, Payment can be made by bank card in TIS finance office).

Forms that must be completed and signed include:

- ✓ Student Information form
- ✓ Tuition and Payment Information form
- ✓ Medical Information form
- ✓ Medical Treatment Authorization form
- ✓ Acknowledgment of Major Issues document
- ✓ Accommodating specific student needs

Documentation you must provide at the time of registration:

- ✓ 3 copies of student's passport and 1 copy of both parent's passports
- ✓ 1 current photograph of student
- ✓ Transcripts of past academic performance (relevant to grade 2 and above)
- ✓ 1 copy of Immunization Record
- ✓ Parent's business card

2

Your child will be tested to ascertain their placement in the school (relevant to grade one and above)

3

Attend an interview with the head of ECA, Primary or Secondary, as applicable

4

Receive confirmation of grade level placement

5

Have an ID photo taken, purchase uniforms and organize payment of tuition with the Finance office.



TIS School Bus Service

Dear TIS parents,

Teda International School provides a school bus service to students and parents. Please see the fee schedule below (fees listed in CNY)

Service Type	Semester Rate	Monthly Rate
Round trip	2500	650
One-way	1250	325
Round trip accompanied by one parent	3100	750
One-way accompanied by one parent	1550	375

Note: Students in Early Childhood Academy must be accompanied by a parent when taking the school bus.

TIS school bus route and schedule is as follows (updated every term according to registration):

1. **Royal Palace 御景园 7:25**
2. **Warner Garden 华纳 7:27**
3. **Teda Times 泰达时代 7:33**
4. **Rongkehantang 融科瀚棠 7:48**
5. **Teda International School 7:54**

*Contact: Cathy Kong (Transportation Coordinator) Email: cathyk@tedais.org

Office location: Admin Building 3rd floor No.325

TEL: 66226158-2201, 13102263655

Morning Bus Monitor: Hannah Dong ---13820449250; Hannah@tedais.org

3:15 Bus Monitor: Emma Liu ----13102263655; Emma@tedais.org

4:15 Bus Monitor: Ya Xian Huang-----18602628276. YaXian@tedais.org



Student Information

Applying to grade _____ School Year _____

Please attach a recent picture of your child

APPLICANT INFORMATION

Last Name _____ First name _____ Middle Name _____

Preferred Name _____ Date of Birth: Month _____ Day _____ Year _____

Nationality _____ Passport Number _____ Gender _____

Tianjin/TEDA Home Address _____

Home Phone _____ Student's Mobile _____ Student's email _____

ACADEMIC HISTORY

Schools attended (starting with most recent)	Years attended	Language of instruction	Curriculum

PARENT INFORMATION

Father (or Legal Guardian)

Last Name _____ First Name _____ Nationality _____

Local Mobile _____ Business Phone _____ Email: _____

Employer _____ Position _____

Mother (or Legal Guardian)

Last Name _____ First Name _____ Nationality _____

Local Mobile _____ Business Phone _____ Email: _____

Employer _____ Position _____

Emergency Contact

Name _____ Contact No _____ Relationship to student _____

SIBLING INFORMATION Please list the names, ages, grade levels, and current schools of your other children

Name	Age	Grade	Current School

LANGUAGE INFORMATION

Child's first language: _____ Other Languages _____

Languages spoken by the primary care giver: _____ secondary care giver: _____

If your child's first language is not English, has your child ever received English language support? Yes No

If yes, please advise which method (such as, school, private tutor, home) and indicate the length of time

DEVELOPMENTAL/EDUCATIONAL RELATED HISTORY

Has your child ever been diagnosed with a learning disability, behavioral/emotional difficulties or any other condition?

Yes No

If yes, please describe:

Has your child ever had an IEP (Individual Educational Plan) or other special academic program or support plan written for them by any school or body? Yes No

If yes, please describe:

Has your child ever been asked to leave or been expelled from a school? Yes No

If yes, please indicate the circumstances:

For students applying for Lower Primary (K-2) and ECA

Has your child shown (or "exhibited") any undiagnosed signs of developmental delay in any areas, e.g. – physical, language, social/emotional, learning, etc.? (Please answer Yes even if delays are perceived to be hereditary in nature or if a professional, such as a general physician, had concerns that have not been diagnosed.) Yes No

If yes, please describe:

OTHER

How did you learn about TEDA International School? (Please be specific).

I / We hereby apply for admission for my/our son/daughter. I understand that I must remit a non-refundable application fee of ¥2,000 in order for this application to be processed.

Signature of parent _____ **Date** _____



2017-2018 Payment Information and Financial Policy

Application Fee RMB 2,000 (Non-refundable, Non-transferrable, the school cannot accept cash payments)

Grade	Annual Fees
Nursery Half day	63,000 RMB
Nursery Full day	87,000 RMB
Pre -Kindergarten	98,000 RMB
K-Gr.5	147,000 RMB
Gr.6-12	160,000 RMB

- All Fees can be paid in RMB or US Dollar (Finance office will advise the exchange rate)
- APPLICATION FEES - RMB 2,000 are non-refundable, non-transferrable, the school cannot accept cash payments. Application fees are payable by new students upon registration. Payment of the application fee is only valid for one year.
- TUITION FEE covers all expenses related to day-to-day operations and educational programs of the school. Tuition fees do not include uniforms, cafeteria fees, school bus fees and trips. Tuition does not include the outdoor education "Week Without Walls" program, which is a required component of the curriculum.
 1. Tuition fees can be paid annually or by semester.
 2. 2nd Semester tuition fee should be paid before Dec 15th, 2017.
 3. There is a 20% discount for families with three or more children enrolled at TIS. In those cases, the oldest two children will pay full tuition fees and all remaining children will be charged at the reduced tuition rate.
 4. New students entering in term 2 or 4 can pay tuition for the 2nd or 4th term.
- **LATE FEES**
 - New students: Students entering mid-year will be required to pay tuition fees within 30 days of the first day of class. A late payment fee of 2% per month if payment is not made by these dates. New students whose fees have not been paid in full after two months of attendance may be suspended from school until payment is made.
 - Returning students: To avoid late payment charges, fees must be paid before Dec 15th, 2017 for Semester 2. Students will be charged a late payment fee of 2% per month if payment is not made by these dates. Students whose fees have not been paid in full after two months of attendance may be suspended from school until payment is made.
- **WITHDRAWAL / REFUND POLICY:** Tuition refunds can only be made when "Student Withdrawal Forms" have been completed and submitted to the Admissions office. Failure to complete this form will negate all outstanding refunds.
 1. No refunds will be made for Application fee.
 2. 90% of semester tuition fees can be refunded before the first day of classes, or date of entry for new students
 3. 80% of semester tuition fees can be refunded within the first five class days from the first day of classes, or date of entry for new students.
 4. 50% of semester tuition fees can be refunded within the first fifteen class days from the first day of classes, or date of entry for new students.
 5. No refunds will be made after the fifteenth class day from the first day of classes, or date of entry for new students.
 6. Original Fapiao receipts must be returned to be eligible for any refund.
- **Student arrival during the school year,** tuition fees are paid as follows:
 1. Students pay 100% of the term in which they arrive, if they will attend classes for 16 or more school days, from the date of entry. Additionally, all remaining terms in the school year must also be paid in full.
 2. Students pay 50% of the term in which they arrive, if they attend classes for 15 school days or less, from the date of entry. Additionally, all remaining terms in the school year must also be paid in full.
(The calculation of school days does not include weekends, Chinese legal holiday and/or school vacations.)
- **PAYMENT INSTRUCTIONS:** Payment Method: Payment can be made by either bank transfer or bank card in TIS finance office. The school cannot accept cash payments for school fees.
 1. All payment must include the name of the student.
 2. RMB Remittance:
 - Bank Name: 交通银行天津滨海分行
 - Account Name: 天津经济技术开发区国际学校
 - Routing Number (大额支付号): 301110000053
 - Account Number (银行账号): 120066041010141040976
 RMB cheques are also accepted and must be made payable to "天津经济技术开发区国际学校"
 3. US Dollar Remittance:
 - Beneficiary: TEDA International School
 - A/C No. 12014867000220003896
 - Beneficiary Bank: China Construction Bank Tianjin Branch
(Swift Code: PCBCCNBJTJX)
 - Correspondence Bank: "Bank of America New York,
(Swift Code: BOFAUS3N) for credit A/C No.6550-0-90077
 - *All bank transfer fees are the responsibility of the payer.
 - Total US \$ amount includes \$25 bank transfer fees

***I have read and understood the TIS financial policy, detailed above and agree to these terms and conditions.**

Signature of one parent or guardian _____ Date _____



Medical Treatment Authorization Form

Medical Treatment

I authorize the school nurse to diagnose and treat my child using her professional expertise should my child report sick or get injured in school or while participating in a school sponsored activity.

I authorize the school to send my child to my preferred medical provider, being _____ should he/she require medical treatment. I understand and agree to reimburse the school for any medical, drug or other fees incurred during treatment prescribed to my child.

In the absence of naming a preferred hospital above, I authorize the school to send my child to TEDA Hospital to receive needed treatment. I understand and agree to pay the school for any medical, drug or other fees incurred during the treatment prescribed to my child by TEDA Hospital.

Medical Insurance

My child is covered by (insurance provider) _____

The insurance policy number is _____

Medical Disclaimer

Teda International School does not assume financial responsibility for a student's medical emergencies and/or accidents however, TIS does maintain basic liability insurance coverage through a Chinese provider in the event that an accident is determined to be school related and otherwise preventable. Parents should be aware that through the regular course of school business and activities, children do become ill and unavoidably accidents do occasionally, occur. Financial responsibility for such occurrences does not rest with Teda International School.

Parent/Guardian signature: _____

Date: _____

Student name: _____



Acknowledgment of Major Issues

There are a few things that we feel it is very important that you know before enrolling your child. Please read the items below before signing the acknowledgement.

- The school reserves the right to place your child in the grade it deems appropriate. This means we may place your child in an English Learning Center class until they have sufficient English to join the mainstream. It also means due to age and ability, we may require a child to repeat a grade they may have completed in another country or previous school.
- If an English language learner is enrolled to enter high school, the highest grade they will enter will most likely be grade 9, as university preparation requires 4 full years.
- English language learners may need up to 2 years of English language training prior to full inclusion to the mainstream classes.
- If it is determined that your child is not receiving appropriate parental or guardianship care while enrolled they may be asked to be withdrawn from the school.
- Unless otherwise advised in writing, you give permission for photographs of your child to be used in the school's promotional materials, its website and on school literature, as may be occasionally required for school promotional and community purposes.
- You have read, understood and agreed to our school's financial policy from the application package, and in particular understand our refund policy.
- You have read, understood and agreed to our school's parent & student Handbook.

I acknowledge the school has informed me of the above important issues.

Signature of one parent or guardian _____ Date _____



Medical Information

Student Name: _____ Grade: _____ Gender: _____

Birthday: _____ Parent email address: _____

Do you have any food restrictions due to your religious beliefs or your customs that the school needs to be aware of?

Yes Please explain: _____ No

Is your child allergic to any food, drug, animal or insect? Yes No

If yes, please name what your child is allergic to _____

What is the allergic reaction? (hives, rash, swelling, anaphylaxis) _____

How do you normally treat this allergy? _____

Is your child taking any prescription medications? Yes No

If yes, please give the name of medicine and dosage _____

Does your child have any physical disabilities, health problems or limitations? Yes No

If yes, please explain _____

Does the student have any history of the medical surgery? Yes No

If Yes, please explain: _____

Does the student have any of the Psychosis diseases or disorders? No Yes (Ex: Manic Psychosis, Paranoid Psychosis, Hallucinatory Psychosis, Infantile Autism, Hyperactivity)

If Yes, please explain: _____

Has your child been immunized (vaccinated) for the following preventable childhood diseases?

BCG (Tuberculosis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HBV (Hepatitis B)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPV (Poliomyelitis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DPT (Pertussis Diphtheria Tetanus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MV (Measles)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MMR (Measles Mumps Rubella)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MCV (Epidemic Cerebo-spinal Menigitis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
JEV (Japanese Encephalitis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAV (Hepatitis A)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your child wear:

Glasses Yes No Hearing Aid Yes No

Does your child suffer from any of the following?

Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	HIV/AIDS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, what medication does your child take for this?

I confirm that the description of my child is true.

Parent Signature: _____

Date: _____



Accommodating specific student needs

If at any time, there are indications that your child requires special services or support, the Student Support Panel, in each division (see parent handbooks), will evaluate the specific needs of your child and make detailed recommendations within the scope of the school's resources. A support plan will then be implemented and parents are expected to follow the plan. In order to ensure success, it is essential that you, as parents, work cooperatively with the school. The expectation is that parents will follow through with home interventions/adaptations or the procurement of outside professional services, as outlined in the plan.

If parents refuse to follow the school required recommendations, the school reserves the right to exit the child from TIS, without question.

Recommendations may include but are not limited to:

- Accommodations in learning or change in class placement
- Home interventions/Adaptation
- Support from the Special Needs Teacher
- Procurement of outside professional services

In cases where the type and/or degree of resource(s) needed for a particular student is deemed outside the scope of the school's resources, the school reserves the right to exit the child from TIS, without question.

Signature of parent _____ Date _____



Notice from Tianjin Childhood Immunization Center

Dear parents,

According to TEDA CDC (Centers for Disease Control and Prevention), Child(ren) of foreigners who work AND reside in TEDA can get free Tianjin Immunization Scheme vaccines from TEDA hospital (Children Healthcare Department, 2nd floor). Below please see the free vaccine list and contact method of Vaccine & Disease Control Department of TEDA hospital. Please be reminded that TIS is only responsible for assisting the government in delivering this notice. Whether you choose to get these free vaccines is not a requirement for enrollment. TIS will also not provide any communication or translation service for this government welfare.

亲爱的家长,

根据开发区政府和疾病预防控制中心 CDC (Centers for Disease Control and Prevention) 的通知, 我们特此通知您, 在开发区工作并居住的外籍务工人员的子女可以去泰达医院二楼儿保科接受天津市免疫规划疫苗接种。下面是免费疫苗的清单和泰达医院疫苗疾控科的联系方式供您参考。请知悉学校仅负责协助政府传达此项通知, 您的孩子是否接受免费的疫苗注射并不构成孩子入学的必要条件, 学校也不对此项政府福利提供任何沟通或者翻译的服务。

泰达医院疫苗疾控科联系方式: 65202070

Contact Information of Vaccine & Disease Control Dept. of Teda Hospital: 65202070

天津市免疫规划疫苗接种程序

Tianjin Childhood Immunization Program

疫苗 年龄	卡介苗 BCG	乙肝疫苗 HBV	脊灰疫苗 OPV	百白破疫苗 DPT	麻疹疫苗 MV	麻腮风疫苗 MMR	流脑疫苗 MPV	乙脑疫苗 JEV	甲肝疫苗 HAV
出生 Birth	V	V							
1 月龄 month		V							
2 月龄 month			V						
3 month			V	V					
4 month			V	V					
5 month				V					
6 month		V					V		
8 month					V		V	V	
18 month							间隔 3个月		V
18-24 month				V		V			
2 years								V	V
3 years							V A+C		与首例间隔 6-12 月
4 years			V						
5 years						V			
6 years				V			V	V	

				白破			A+C		
12 years		V							
18 years					V				

Receipt 回执

我，作为_____ 年级学生_____的家长，已知悉以上情况。

I, as Grade _____ Student _____'s parent, have read and understand this information by my signature.

签名 Signature : _____

日期 Date : _____