

Dear Applicant,

Thank you for your interest in Beijing BISS International School. To help us expedite the admissions process, please submit the following materials to the BISS Admissions Department:

#### Application & Registration Form

- Completed “Student Application & Registration Form” with the following pages signed and dated:
  - “Student Application & Registration Form” cover page
  - “Student Health Questionnaire” (third page with physician’s signature/stamp)
  - “Parental Consent to Random Drug Testing” (Grades 6-12 only)
  - “School Bus Application Form” and “Waiver and Indemnity” (if transport is required)
  - “Parental Agreement”

#### Academic & Health Records

- Student’s academic school reports in English from the past 2 years
- An official letter of statement in English from the student’s current principal regarding the student’s conduct & behaviour
- Student’s complete immunization record (copy)

#### Government/ID Documents

- For foreign students:
  - Passports and valid visas for the student and one parent (copies)
- For students from Taiwan, Hong Kong or Macau:
  - Passports for the student and one parent (copies)
  - *Tai Bao Zheng* or *Hui Xiang Zheng* for the student and one parent (copies)
  - Work permit or employment letter for one parent (copies)
- For students from The People’s Republic of China with foreign permanent residents status:
  - Passports & identity documents for the student and one parent (original and 2 copies)
  - Foreign permanent residence permit for the student (original and 2 copies)
  - Work permit or letter of employment for one parent (original and 2 copies)
  - A statement of reason for application written in Chinese by a parent
  - A statement of reason for application written in Chinese by the student (Grades 6-12 only)

#### Other

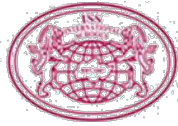
- A current passport-size picture of the student
- Parent’s business card
- Registration fee of RMB 10,000
- Digital photo of parents

Please be advised that incomplete forms or shortage of any requested information will result in the delayed processing of your child’s application and consequently his/her entry into the School.

Should you need any help or advice, please feel free to contact the Admissions Department by email and/or phone.

Thank you,

Beijing BISS International School  
Admissions Department



Admission No.

## Student Application & Registration Form

### Student's Particulars

Name .....  
Family or Last Name Given Name(s)  
 Gender ..... Date of Birth (DD/MM/YY) ..... Place of Birth .....  
 Nationality ..... Passport Number .....  
 First Language ..... Other Languages Spoken .....  
 Expected Date of Enrolment ..... Grade Applying for .....

Recent  
Photograph

Name of School	Country	Dates Attended (MM/YY)	Grades
		To	
		To	
		To	
		To	

### Father's Particulars

Name .....  
 Nationality..... Occupation .....  
 Address in Beijing.....  
 ..... Postcode.....  
 Home Tel ..... Fax.....  
 Mobile ..... Email .....  
 Company Name & Address .....

### Mother's Particulars

Name .....  
 Nationality..... Occupation .....  
 Address in Beijing.....  
 ..... Postcode.....  
 Home Tel ..... Fax.....  
 Mobile ..... Email .....  
 Company Name & Address .....

### Siblings' Particulars

Name..... Gender..... Age..... School Applying/Attending.....  
 Name..... Gender..... Age..... School Applying/Attending.....  
 Name..... Gender..... Age..... School Applying/Attending.....

### Guardian (If parents are not residing in Beijing with the child)

Name of Guardian in Beijing..... Tel .....  
 Address.....

### In Case of Emergency

Persons in Beijing to be contacted for emergencies if parents are not available

Name ..... Tel .....  
 Name ..... Tel .....

### Payment of Fees (Please attach a business card with an address in Chinese)

School Fees will be paid by:  Parents  Guardian  Company

Billing address in Chinese.....

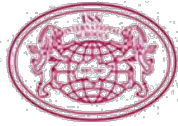
Contact person..... Tel .....

*In registering my child at Beijing BISS International School, I confirm that I have read the school policy on the reverse of this application form and agree to conform to the policies, rules and procedures of the school.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

It is important to inform your homeroom teacher of any subsequent changes or amendments to the information provided on this Application Form



**Student Health Questionnaire (Page 1 of 4) – to be completed by a parent**

**1. Personal Information**

Student's Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Gender:  Male  Female Nationality: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_

**1. Emergency Contact Information**

Contact Priority	First Contact	Second Contact	Third Contact
Family Name			
Given Name(s)			
Relationship to Student			
Home Phone			
Mobile Phone			
Other Phone			
English Proficiency	Fluent/Fair/Low	Fluent/Fair/Low	Fluent/Fair/Low
Chinese Proficiency	Fluent/Fair/Low	Fluent/Fair/Low	Fluent/Fair/Low

**2. Insurance**

Do you have your Family Health Insurance?      YES      NO

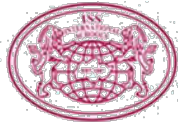
If YES, please fill out detailed information below:

Name of Insurer: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date (dd/mm/yyyy): \_\_\_\_\_



**Student Health Questionnaire (Page 2 of 4) – to be completed by a parent**

**3. Student Health History**

Please answer the following questions regarding the health history of your child. Check “Yes” if your child has had or currently has any of the listed medical conditions and “No” if not. All information will be kept confidential.

	YES	No		YES	NO
Attention Deficit Disorder (ADD)			Gastrointestinal Disorder		
Attention Deficit Hyperactivity Disorder (ADHD)			Frequent Ear Infections/ Hearing Problems		
Allergies to Foods			Frequent Headache		
Allergies to Medicines			Tuberculosis		
Allergies to Natural Substance			Hepatitis A/B		
Allergies to Chemicals			Heart Disorder		
Anaemia			Vision Problems		
Asthma			Skin Problems		
Back Problems or Scoliosis			Diabetes		
Bone Fractures			Epilepsy		
If you answered YES to any question, please specify:					
In case of allergies, please list all the known causes or triggers in detail:					
Other conditions and/or behaviours we should know about (please specify):					

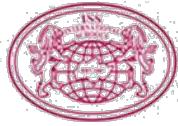
**4. Immunization Records**

School Policy requires that all immunization be current before a student is admitted to BISS. Parents must provide photocopies of the child’s vaccination records. As immunization procedures vary from country to country, please consult a physician if you have any question regarding your child’s immunization records.

Type of Vaccinations	Date received (dd/mm/yyyy)				
Polio (Tpi-Oral-Polio-Vaccine)	/ /	/ /	/ /	/ /	/ /
	2 months	4 months	6 months	18 months	Age 4-6
Diphtheria, Pertussis, Tetanus (DPT)	/ /	/ /	/ /	/ /	/ /
	2 months	4 months	6 months	18 months	Age 4-6
Measles/Mumps/Rubella (MMR)				/ /	/ /
				15 months	Age 4-6
Hepatitis B (3shots)	/ /	/ /	/ /		
	Birth	1-2 months	6-12 months		
Tuberculosis: Vaccine (B.C.G)/ Test (PPD/Mantoux) – within one year prior to admission					

The undersigned Parent/Guardian of the Student hereby declare that all the information provided in this application, and to the physician conducting the physical examination of the child, relation to the child’s health and immunization history are accurate, current, truthful and complete to the best of our knowledge. Failure to disclose medical and behavioral information may result in disenrollment.

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_



**Student Health Questionnaire (Page 3 of 4) – to be completed by a physician**

**5. Physical Examination**

**To the Parent/Guardian:**

To fulfil the entrance requirements of BISS, you must consult a physician to have him/her to conduct a physical examination on your child and complete this page of the Health Questionnaire. The Student will not be considered for admission until a physician has completed this form.

**To the Physician:**

Please conduct a physical examination on the Student named below:

Student's Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Height		Eye (Condition)	L:	R:	Thyroid	
Weight		Eye (Vision)	L:	R:	Lymph Glands	
Pulse		With Glasses	L:	R:	Heart & Circulation	
Respiration		With Contacts	L:	R:	Lungs	
Blood Pressure		Colour Perception	L:	R:	Chest	
Nervous System		Ears			Abdomen	
Nutrition		Nose			Orthopaedic defects	
Muscle Tone		Throat			Scoliosis check	
Skin		Scalp			Menses	
Hernia		Additional Comments:				

**Physical Activities (Normal Physical Education classes, swimming and competitive sports):**

Unrestricted       Modified

If modified, please explain: \_\_\_\_\_

**Medication:**

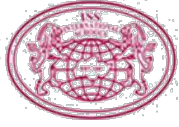
Is this student taking any medication (oral or injected) on a regular basis?       YES       NO

If YES, please explain: \_\_\_\_\_

**Physician's Certificate**  
I hereby certify that I have conducted a physical examination on \_\_\_\_\_, he/she has no communicable disease and is physically fit to attend school, and I have seen the student's immunization records and the information attached is correct.

Physician's Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Tel: \_\_\_\_\_ Hospital/Clinic/Doctor's Stamp: \_\_\_\_\_



**Student Health Questionnaire (Page 4 of 4) – to be completed by a parent**

**6. Emergency Medical Treatment Information**

**School Medication**

Student's Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Should your child complain of minor pain or other problems while at school, the School Doctor will administer mild medications when deemed necessary, such as:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Tylenol/ Panadol, Ibuprofen (non-aspirin)</li> <li>• Bufferin (for high fever)</li> <li>• Clarityne (for allergies)</li> <li>• Topical ointment for rashes, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Cough or sore throat lozenge</li> <li>• Anti- spasmodic, Imodium, domperidone (for stomach)</li> <li>• Moisturizing eye drops</li> </ul> |
|--|---|

**I hereby give permission to the School Doctor to administer any of the medications listed above.**

YES                       NO

**Medical Emergencies**

In case of emergencies, BISS will take an injured student to the closest approved hospital that accepts the child (some hospitals have age limits on patients) and that caters to the type of injury sustained.

Please note that BISS provides supplementary accident insurance coverage, which is usually adequate to cover most treatments. However, treatment at some hospitals costs more, so parents are obliged to pay extra costs over and above those covered by the BISS accident insurance.

If you have a **preferred hospital or clinic**, please indicate it below:

Name of Hospital or Clinic: \_\_\_\_\_

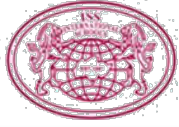
Address: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**I agree with the policy outlined above.**

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_



## Drug Testing Information Document

The random, comprehensive drug testing policy adopted for the current academic year aims at helping our students refrain from the use of drugs by providing a safe and drug free environment. Equipping students with an appropriate tool to make positive lifelong choices is in keeping with the BISS program and philosophy.

Major international schools around the world have widely adopted drug-testing policies. Random, reliable, and periodic drug testing provides students with a powerful incentive to refuse drugs. Research studies show that students have greater convictions to say “no” to drugs when faced with the potential of being tested for drug use. Students are able to better resist even in the face of intense peer pressure.

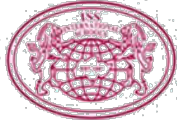
BISS has chosen to adopt hair testing as its procedure of preference, as it is the current most accurate and comprehensive method available. Hair testing is the method of choice for most schools around the world.

Hair sampling is non-invasive and simple to conduct. The test itself involves a very small, unnoticeable amount of hair. Head hair is the preferred sample, but neck, body, arm, leg, or chest hair may also be used.

Accurate tests detect controlled substances, including but not restricted to narcotics, stimulants, barbiturates, hallucinogenic drugs, marijuana, suppressants, amphetamines and inhalants. Chemical analysis detects drug use within three (3) months. Drug residue present on the outside of the hair does not influence the test. The test is focused on the tissue inside the hair. Abstinence prior to the test will not prevent a positive result.

BISS has contracted with a US-based, worldwide drug-testing leader Psychemedics that stipulates extremely strict protocols to ensure the validity of each test. Samples will be couriered to the USA, and the results returned to the school. Further information on Psychemedics is available on their website at [www.drugtestwithhair.com](http://www.drugtestwithhair.com) as well as by request from BISS.

Students in Grades 6-12 may be tested at any time during the school year. Due to the random sample of students, there is a possibility that a student can be tested more than once in a year. It may also happen that some students may not be tested at all in a particular school year. No students will be excused from the random testing once selected. The test will proceed immediately upon selection and notification of the individual student.



## Parental Consent to Random Drug Testing (applicable to Grades 6-12 only)

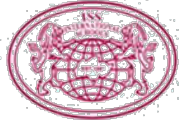
I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ born on \_\_\_\_\_, understand that:

- As a registered student in Grades 6-12 at Beijing BISS International School (hereinafter called “BISS”) my child will be subject to random drug testing according to stated policy
- Accept that if a controlled substance is found in my child/ward’s hair, then he/she will be subject to the administrative procedures established as a part of the BISS school policy. Failure to submit to the random sampling or refusal to abide by the administrative procedures specified by policy will be grounds for expulsion
- All tests will be performed in strictest confidence and in accordance with all the protocols recommended by Psychomedics and/or other designated test agency. The results will be determined at the laboratory and reported to the BISS Administration in confidence
- Further information can be obtained from the School regarding the procedure itself, the contracted laboratory services, relevant policy, and administrative procedures

I have read the information provided above, had to opportunity to clarify any point that I have not fully understood, and hereby give consent to the BISS Administration and its designated representatives to take a hair sample from my child/ward, as and when requested for the purpose of determining the presence of controlled substances as defined above.

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_





## School Bus Application Form (Optional)

### 1. Student's Particulars

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

### 2. Parent/Guardian's Particulars

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Office Tel No: \_\_\_\_\_

### 3. Type and Detail of Bus Service Requested

Please mark your choice with a tick:

- Round-trip Transport
- One-way Transport (Morning)
- One-way Transport (Afternoon)

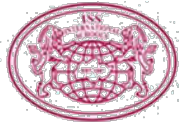
With effect from \_\_\_\_\_ (date) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Address: \_\_\_\_\_  
\_\_\_\_\_

### Terms and Conditions

- The costs for the round-trip and one-way transport are the same
- There is strictly no refund of transport fees
- While the school will do its utmost to comply with your transport request, acceptance is subject to accessibility, current bus routes and seat availability
- The student must follow the bus routes and times set up by the bus-coordinator; no changing of buses will be allowed
- The student must be punctual and wait for the bus at the designated pick-up point
- A parent/guardian is requested to wait at the designated pick-up/drop-off point to ensure your child/ward leaves and returns on the bus
- The school reserves the right to change the bus routes, pick-up/drop-off times and/or location at any time during the school year

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_



#### 4. Wavier and Indemnity

To Beijing BISS International School

In consideration of you, BEIJING BISS INTERNATIONAL SCHOOL, a school registered with the Beijing Education Bureau, P.R. China and has its registered office at No. 17, Area 4, An Zhen Xi Li, Chaoyang District, Beijing 100029, P.R. China (hereinafter refereed to as “the School”), arranging on behalf of my child

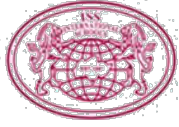
\_\_\_\_\_, to be transported to and/or from the School by means of a bus transport system provided by an independent contractor (hereinafter known as “the Contractor”) of which appointment I do hereby acknowledge and approve, I, \_\_\_\_\_ (*name of parent/guardian*), holder of passport number \_\_\_\_\_ of \_\_\_\_\_ (*home address*) do hereby agree to the following:

- I understand that in consideration of the Contractor (and Bus Owners) providing a bus transport service for my child in accordance with the conditions defined and agreed by the School on my behalf, I will pay the Contractor via the School for the bus transport service at the rates set and I will be bound by the conditions defined by and agreed to by the School on my behalf
- I understand that my child is transported to and/or from the School at my own risk and not at the risk of the School who is acting only as a liaison between the Contractor and my family. The School serves only as a “clearing house” for questions, problems and coordination in relation to the provision of the transport service. I agree that the School shall not be liable or responsible for any accident or personal injury sustained or suffered by my child, for my child’s death, or for any damage to my child’s personal belongings, however caused whilst my child is being transported to and/or from the School. I hereby release the School from any and all claims, demands, damages, costs, actions or causes of actions on account of or arising from any of the foregoing matters, including such actions that may be taken by the School subsequent to any accident or incident in which personal injuries has occurred
- In the event of any emergency, I do hereby authorize the School to arrange such medical attention for my child as may be reasonable and available in the circumstances and I undertake to pay all medical and hospital fees and incidental charges with respect to the medical attention given to my child and to reimburse the School for any such fees and charges and all incidental costs and expenses which may have been paid by the School
- I fully understand that should I choose to board any of the buses under the said transport service that there shall not be any insurance coverage for myself. Hence, the School and the Contractor shall not be held liable in anyway whatsoever for any accident or personal injury I sustain or suffer, for my death, or for any damage to my personal belongings while being transported to and/or from the School
- I further agree to indemnify the School against any and all claims, damages, demands, costs, actions, or causes of action which my child, his/her next-of-kin, parent, guardian, personal representative and/or dependents may bring, make or have against the School on account of the matters stated above
- Reference herein to the School shall include reference to the School as constituted from time to time, its office and office bearers, employees, agents or others authorised by the School from time to time, but shall not include the Contractor and/or Bus Owners or their officers, employees, agents or other authorised to act on their behalf. Nothing in the above document shall limit the right of any child, next of kin, parent or guardian, personal representative and/or dependents to take action against any third party (other than the School, the Contractor, Bus Owners, or their officers, employees, agents or any other person authorized to act on their behalf)

DATED THIS: \_\_\_\_\_ (date) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Signature: \_\_\_\_\_



## Parental Agreement

Dear Parent/Guardian of \_\_\_\_\_ (*name of student*)

### Prior to admissions, BISS requires:

- All students applying for Grades 1 – 12 to take an entrance test to determine their level of English proficiency
- All parents to provide documentation regarding any diagnoses, reports and recommendations about their children who have unique learning needs and/or behaviours. Failure to do so may result in rejection of application during the admission process or withdrawal after the student has commenced classes

### While in school, I agree to

1. Support the School's mission, philosophy and curriculum requirements
2. Recognize and support the school rules and policies as indicated in the Student Handbook and by the teachers
3. Read the Broadcast, the website and all official school communications (using dictionaries, online translation applications and/or professional translation services if necessary)
4. Inform the Homeroom Teacher when my child will be absent
5. Update my child's medical history annually and inform the school of any change in telephone numbers, addresses, family structure and/or supervision arrangements
6. Attend meetings with teachers, principals and/or counsellor when invited and support the School's recommendations and requests for my child
7. Ensure my child's punctuality and preparedness for school
8. Supervising my child's assignments and commitment
9. Acquire the recommended laptop for my child (Grades 5 – 12) and release the school of any responsibility for loss or damage to my child's laptop or any other personal property
10. Ensure punctual payment of school fees
11. The use of my child's photo for BISS-related marketing and education materials and platforms
12. The distribution of our telephone/e-mail address to other BISS students and parents

I, \_\_\_\_\_ (*parent/guardian's name*), the Parent/Guardian of  
\_\_\_\_\_ (*student's name*), have read and understood the above conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_



# Beijing BISS International School

## 北京 BISS 国际学校

### Fee Structure (2018-2019 Academic Year)

- REGISTRATION FEE RMB 2,000

This is a one-time, non-refundable and non-transferable fee (must accompany Student Application Form). A prospective student is allowed to sit for a placement test after the registration fee is paid.

- TUITION/ DEVELOPMENT FEES BY YEAR

GRADE LEVELS	TUITION	DEVELOPMENT	TOTAL
Nursery (Full Day)	RMB 179,000	RMB 45,000	RMB 224,000
Kindergarten / PreK 3&4(Full day)	RMB 179,000	RMB 45,000	RMB 224,000
Grade 1 to 5	RMB 199,000	RMB 45,000	RMB 244,000
Grade 6 to 10	RMB 229,000	RMB 45,000	RMB 274,000
Grade 11 to 12	RMB 249,000	RMB 45,000	RMB 294,000

- ESOL FEE (will be levied where applicable) RMB 20,000

All ESOL students will be charged a one-time fee for additional support.

- ANNUAL BUS FEE RMB 19,000

- PTA ANNUAL FEE PER FAMILY RMB 100

- ADMINISTRATION FEE  
Kindergarten/Pre-K RMB 18,000  
Grade1- Grade5 RMB 18,000  
Grade 6-Grade12 RMB 23,000

This is a one-time fee, which must be paid before the first day of school.

### PAYMENT METHODS

1. All payments are to be made to **Beijing BISS International School**. We accept payment by local bank cheque, cash or bank transfer to our account. The payer will bear all bank charges.

**Bank of China (Head Office)**

**1 Fu Xing Men Nei Ave, Beijing 100818**

**USD A/C No. 778350027237 RMB A/C No. 778350022400**

**Swift Code: BKCH CNBJ**

(Please fax the bank remittance form with student's full name and invoice no. to our Accounts Office at 6443-3156)

2. Fees are quoted in RMB. If the Payer chooses to make payments in US dollars, the official Bank of China rate on the day of remittance to the bank will be applied to the payment. The Bank of China exchange rate can be accessed at: <http://www.boc.cn/en/static/index.htm>. Please use the middle rate as shown on the website.

## **TERMS AND CONDITIONS**

1. Placement of your child/children will be guaranteed upon receipt of full payment of school fees. If no payment is received by the Due Date, placement of your child/children will be released to waitlisted students.
2. Non-payment of fees after the designated last day of payment will incur a 15% additional non-payment charge, the loss of guaranteed seat and/or exclusion from class.
3. All fees will be invoiced on a full academic year basis for students who enroll after the commencement of a year.
4. Reports, academic transcripts, letters of recommendation and/or other information and documents concerning the student will only be released when all outstanding fees and payments are settled.
5. **Please note that there will be no refund of Registration fee, Development fee, ESOL fee, PTA annual fee and Administration fee at any time.**
6. **Once the student starts school, there will be no refund of tuition fees for that particular year.**
7. The bus fee is an annual fee and is nonrefundable if a family leaves in the middle of the school year. Families that start in mid year are charged the full bus fee for the year with no exceptions.

## **RE-APPLICANTS**

Re-applicants to the School will be subject to all prevailing admissions requirements, fee and policy changes.

Re-applicants are students who leave BISS and subsequently return.

## **UNDERTAKING**

The student, parent(s) and guardian agree that the student will at all times adopt and comply with the written student/parent handbook for elementary and secondary students.