



Maple Leaf Foreign Nationals School - Wuhan



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Maple Leaf Foreign Nationals School - Wuhan

Information For Student(s)

Student 1's Family Name: _____ Given Name: _____ Gender(M/F): _____

Birth Date(M/D/Y): _____ (For example: Jan/01/2001) Last Grade Completed. _____

Anticipated Grade to Enter: _____ Passport No: _____ Country: _____

Allergies Congenital Diseases Critical Diseases

English Skill Level (very weak, weak, good, excellent)

Speaking: _____ Reading: _____ Listening: _____

Does the student(s) have any above problems/serious medical/health problems? If so, describe:

Medication(s) (Name medication(s) if the student(s) are taking any on a regular basis):

Wuhan Residence Address: _____

Wuhan Student Home Phone: _____ Wuhan Student's Mobile Phone: _____

Student 2's Family Name: _____ Given Name: _____ Gender(M/F): _____

Birth Date(M/D/Y): _____ (For example: Jan/01/2001) Last Grade Completed. _____

Anticipated Grade to Enter: _____ Passport No: _____ Country: _____

Allergies Congenital Diseases Critical Diseases

English Skill Level (very weak, weak, good, excellent)

Speaking: _____ Reading: _____ Listening: _____

Does the student(s) have any above problems/serious medical/health problems? If so, describe:

Medication(s) (Name medication(s) if the student(s) are taking any on a regular basis):

Wuhan Residence Address: _____

Wuhan Student Home Phone: _____ Wuhan Student's Mobile Phone: _____



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Student 3's Family Name: _____ Given Name: _____ Gender(M/F): _____

Birth Date(M/D/Y): _____ (For example: Jan/01/2001) Last Grade Completed. _____

Anticipated Grade to Enter: _____ Passport No: _____ Country: _____

Allergies Congenital Diseases Critical Diseases

English Skill Level (very weak, weak, good, excellent)

Speaking: _____ Reading: _____ Listening: _____

Does the student(s) have any above problems/serious medical/health problems? If so, describe:

Medication(s) (Name medication(s) if the student(s) are taking any on a regular basis):

Wuhan Residence Address: _____

Wuhan Student Home Phone: _____ Wuhan Student's Mobile Phone: _____

Please attach passport style photo(s) in your email.

Acceptable format: .jpg, .jpeg, .png, .bmp.



Maple Leaf Foreign Nationals School - Wuhan

Information For Parent

Mother's Family Name: _____ Given Name: _____

ID No: _____

Company Name: _____

Position: _____

Mobile Phone: _____

Email: _____

Father's Family Name: _____ Given Name: _____

ID No: _____

Company Name: _____

Position: _____

Mobile Phone: _____

Email: _____

Emergency Contact Person #1

Name: _____

ID: _____

Relationship: _____

Mobile Phone: _____

Emergency Contact Person #2

Name: _____

ID: _____

Relationship: _____

Mobile Phone: _____



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Information for Guardian

Will the student be living with a guardian?

_____ If yes, indicate guardian's name, address, Mobile phone number and relationship.

Does the student have any above problems/serious medical/health problems? If so, describe:

Please finish the words in the box.

I hereby entrust _____ as student _____'s guardian in China to fulfill the legal guardianship.

School will not be responsible for any problem caused by guardian's not fulfil duty.

ID: _____ Mobile Phone: _____

I understand that:

Parents need to update to school if any one (student's parents, emergency person, guardians or designated contact person)'s contact information has been changed.

Parents need to provide real and legal document such as Passport/Permanent Resident
Parents are responsible to maintain/change their ID document on time by themselves.

Parents need to work with MLFNS-Wuhan together to help student's studying and behavior.

Students and parents both need to follow the school policies, and Students & Parents Handbook.

I hereby swear that the information provided herein is known to be true. I have read and understood all of the content in this registration form. Please copy this agreement after reading:

Mother/Legal Guardian:

Print Name: _____

Signed: _____

Date(M/D/Y) _____ (Example:
Jan/01/2016)

Father/Legal Guardian:

Print Name: _____

Signed: _____

Date(M/D/Y) _____ (Example:
Jan/01/2016)



Student Health Declaration

In order for the school to provide proper individual care to the students with special health conditions, parents are required to inform the school immediately, so that the students will receive proper attentive care at the school. Without this information, parents shall bear the responsibilities in case of any health-related issues.

The student and parent hereby guarantee that: the student enrolled is healthy, does not have any specific physical and/or mental health condition(s) including pre-existing symptoms and/or hereditary diseases, and is able to participate in all school activities. Special health conditions could be specific diseases and physical/psychological health issues that include but are not limited to: allergies, asthma, concealed heart disease, congenital heart disease, epilepsy, Kawasaki disease, history of heart surgery, Tourette syndrome, autism, depression, weak constitution, obesity or other health issues that may affect the students from participating in daily physical activities or school activities in general.

Guardian Signature: _____

Student Signature: _____

Date: _____ Y _____ M _____ D