



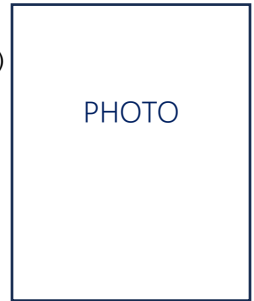
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## APPLICANT (STUDENT) INFORMATION

\*Legal Last Name      \*Legal First Name      Legal Middle Name (if applicable)

Preferred Name      \*Gender (M/F/O)      \*Date of Birth

\*Place of Birth      \*Nationality      \*Grade of Applying & Entry Date



\*Medical Alerts      Existing Health Supports (if any)      Allergies (if any)

\* Address      Postal Code      Home Phone

## \*EDUCATION HISTORY

**Daycare**      From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy      mmyyyy      Name of Institution      Country

**Kindergarten**      From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy      mmyyyy      Name of Institution      Country

**Previous School**      From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy      mmyyyy      Name of Institution      Country

**Current School**      From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy      mmyyyy      Name of Institution      Country

## PARENT INFORMATION (first contact point)

\*Parent's Full Name      Preferred Name

Gender (M/F/O)      \*Mobile Phone

\*Email

Social Media/WeChat ID

Workplace/Job Title

## PARENT INFORMATION

\*Parent's Full Name      Preferred Name

Gender (M/F/O)      \*Mobile Phone

\*Email

Social Media/WeChat ID

Workplace/Job Title

**SIBLING(S)** (if applicable)

\_\_\_\_\_  
Sibling's Name                      English Name                      Gender(M/F/O)                      Grade                      Age

\_\_\_\_\_  
Sibling's Name                      English Name                      Gender(M/F/O)                      Grade                      Age

**EMERGENCY/GUARDIAN INFORMATION** (in Metro Vancouver)

\_\_\_\_\_  
\*Legal Full Name                      Gender(M/F/O)                      \*Relationship to Child                      \*Mobile Phone

\_\_\_\_\_  
\*Email    Workplace & Job Title

**OTHER INFORMATION**

\_\_\_\_\_  
Special Education Needs

Submit this form along with the following documents to the Admissions Office, or email them to:

info@chaoyin.ca

- School report card
- Copy of student's passport
- Receipt/Screenshot of application fee payment

I hereby affirm that:

- All the information provided in this form is true and correct.
- I shall abide by the Rules and Regulations of Chaoyin Bilingual School.
- I shall pay the non-refundable application fee of \$250 to accounting@chaoyinschool.ca.

**IMPORTANT:** An incomplete application form, or failure to submit supporting documents, **WILL DELAY** the processing of your application.

\_\_\_\_\_  
\*Guardian's Signature

\_\_\_\_\_  
\*Date

OFFICE USE ONLY	
<b>Interview Appointment</b>	<b>Remarks</b>
<b>Admissions Office</b>	<b>Principal</b>