



# Saint Paul American School Application Form

## DEMOGRAPHIC INFORMATION

Please Type or Print Legibly in Black Ink

<b>Date of Birth</b>	____/____/____ Month Day Year	<b>Gender</b>	Male Female	<b>Please Attach Recent Picture</b>
<b>Student Name</b>	Family Name _____ First _____ English (if applicable) _____ Chinese Name (if applicable): _____			
<b>School</b>	Elementary School: _____ Middle School: _____ High School: _____ Current Grade: _____ Applying for Grade: _____			
<b>Address</b>	_____ Street		_____ City	
	_____ State/Province		_____ Postal Code	
	<b>Telephone</b>		_____ Country Code Area Code Number	
<b>Birth Place</b>	_____ City	_____ Country	<b>Citizenship</b>	_____ _____

Mother		Father	
<b>Name</b>	_____	<b>Name</b>	_____
<b>Passport Number</b>	_____	<b>Passport Number</b>	_____
<b>Name of Workplace</b>	_____	<b>Name of Workplace</b>	_____
<b>Cell Phone Number</b>	_____	<b>Cell Phone Number</b>	_____
<b>E-mail Address</b>	_____	<b>E-mail Address</b>	_____
<b>Do you speak English?</b>	Yes No	<b>Do you speak English?</b>	Yes No

Full Name of Current School: \_\_\_\_\_

Applying for:      Academic Year      Fall Semester      Spring Semester  
    (September to June)      (September to January)      (January to June)

Have you applied to SPAS before?      Yes      No

How many years of English language study have you had? \_\_\_\_\_

Have you had experience living at school in dorms?      Yes      No

Do you plan to graduate from St. Paul American School?      Yes      No

Do you plan to attend a college or university in the United States?      Yes      No

If yes, what do you plan to study? \_\_\_\_\_

**All Transcripts from previous schools must be in by 1st day of school for credit transfer.**

<b>For Official Use only</b>	
Admissions: _____	Medical: _____
Registrar: _____	Administration: _____
Counselor: _____	



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## Medical Information

The parent or guardian of the applicant should complete this report on the applicant's medical history, current health and immunization to the best of their knowledge. If there are any changes or updates to the information in this document, the parents or guardians must be inform the school as soon as possible.

### PART I - MEDICAL HISTORY

**Check** any of the following that the applicant has or had:

Allergies	Eating disorder	Measles	Polio
Appendicitis	Enuresis	Mumps	Scarlet Fever
Appendix removal	Headache	Menstrual disorder	Seizure disorder
Asthma	Hepatitis	Parasites	Sleep disorder
Chicken pox	Goiter	Pneumonia	Tonsils Removal
Cough (persistent)	Hernia	Rheumatic fever	Tuberculosis
Diabetes Mellitus	Malaria	Rubella; Year: _____	Vertigo

Has the applicant ever been hospitalized:    Yes    No

If "yes," please give the date and diagnosis of each illness or accident: \_\_\_\_\_

Is the applicant taking any medication at this time?    Yes    No

If "yes," please list medication(s) and reason(s): \_\_\_\_\_

Please note that all medication must be administered by Saint Paul American School Staff.

### PART II - PHYSICAL EXAMINATION OF STUDENT

**Check** any of the following systems where there any abnormalities.

Cardiovascular system	Menstrual Cycle	Respiratory System
Ears, Nose, Throat	Musculoskeletal	Skin (acne, etc.)
Eyes	Metabolic/Endocrine	Teeth and Gums
Gastrointestinal	Neuropsychiatric	Other _____
Genito-Urinary System	Pelvic	

Please provide additional information for anything checked: \_\_\_\_\_

Is the student now under treatment for any medical or emotional conditions?    Yes    No

If "yes," please explain: \_\_\_\_\_

Recommendation for physical activity:    Unlimited    Limited (please explain)

Your opinion on the student's state of health:    Excellent    Good    Fair    Poor

### PART III - Immunization Record

According to China Law, all students must receive certain immunizations in order to be enrolled in school. Therefore, a student will not be enrolled in classes at St. Paul American School unless he/she has received all of the required vaccinations.

#### Instructions:

1. This form must be completed by a physician.
2. For each vaccination/test, the month, day, and year must be recorded. Attach additional documentation as necessary.
3. If the student has had the disease, the date and treatment should be recorded in the appropriate column.
4. Carefully review the guidelines for each inoculation to determine if the student has received the required number of doses.



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	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> Dose	History of Disease	
Type of Vaccine	Mo/Da/Yr.	Mo/Da/Yr.	Mo/Da/Yr.	Mo/Da/Yr.	Mo/Da/Yr.	Date/Treatment	
Polio							
Requirement: at least 3 doses of Polio Vaccine							
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)							
Tetanus Diphtheria (TD)							
Pertussis							
Requirement: At least 3 DTP doses AND one Td shot at age 11 or older. However, If a Td was given after the 7th birthday, it must be repeated 10 years after the last dose. Note: If student has not been vaccinated for Pertussis, he/she does not need to be (children age 7 and older are not given this vaccine).							
Measles, Mumps, Rubella (MMR)							
Requirement: 2 doses, both given after 12 months of age. If the first dose was administered prior to the student's first birthday, a third dose is required.							
Hepatitis B (Hep B)							
Requirement: 3 doses. A 3rd dose is not required if documentation of the alternative 2-dose schedule is provided.							
Varicella (Chickenpox)							
This immunization is not required, but is recommended for students who have not had chickenpox disease. Please indicate history of this disease above.							
Bacillus Calmette-Guerin							
This is not a required							
TB Skin Test (Mantoux)	Date Given (Mo/Da/Yr.)		Time Given		Date Read (Mo/Da/Yr.)		Time read
Result: _____ mm	<input type="checkbox"/> Positive <input type="checkbox"/> Negative						
Chest X-ray	Date Given (Mo/Da/Yr.)			Results/Treatment:			
Requirement: Student must have a TB test within 6 months prior to arrival at School. If TB Skin Test is positive, the student must have a chest x-ray and submit the results to the school.							

## Student Pledge of Conduct

To be read, signed and dated by the student. As an SPAS student, you will have the opportunity to take part in a unique and challenging program. We hold high standards for our students and expect that they will conduct themselves in a responsible manner and be good representatives of their home countries. Please read the following statements and sign your name below as a pledge to uphold these standards of conduct.

1. I will be open to meeting new people and learning about other cultures.
2. I will share my culture with others and will be a good representative of my home country.
3. I will treat all students, teachers and staff with courtesy and respect.
4. I will speak English throughout the school day.
5. I will take my classes seriously and will do the best work that I can.
6. I will do my own work in my classes and will not cheat on assignments and tests.
7. I will not smoke, drink alcohol, or do drugs, regardless of my age.
8. I will treat all school property with care and respect.
9. I will abide by all school's rules (SPAS Code of Conduct) and administrative directives. I will encourage other students to do the same.
10. I will do my best to have a positive experience and to create many wonderful memories during my time at SPAS.

\_\_\_\_\_

**Full name of Student (Please Print)**

\_\_\_\_\_

**Signature of Student**

\_\_\_\_\_

**Date**



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## PARENTAL WAIVER AND RELEASE OF LIABILITY

To be read, signed and dated by the student and both parents or legal guardians.

### Medical Release

In case of illness, accident or injury, we, the undersigned, grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We grant permission to release information regarding our child's health to any individuals designated by St. Paul American School, its Overseas Partners or its representatives.

In anticipation of my son's/daughter's (child's) acceptance to participate in the St. Paul American School academic program, we, the undersigned (student and parents/legal guardians) hereby release St. Paul Preparatory School, its Overseas Partners, its Board of Directors, and representatives from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time that he/she is a participant in the program, whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, which may arise from my child's participation in the program, including all activities specified herein, in the Standards of Conduct, and elsewhere.

We, the student and parents, certify that all information provided in the application is correct and complete, including medical and inoculation history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the program at the parents' expense with no refund of program fees. We also understand that it our responsibility to contact the school if any information on this form changes or needs to be updated.

### Off Campus Release

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in my child going off school campus. Accordingly, for my child to be allowed to leave school premises, I agree to the following:

1. I acknowledge and fully understand that upon leaving school premises my child might be engaging in activities that involve risk of any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident which might result not only from my child's actions, but also from the action, inaction, or negligence of others; and further, that there may be risks not known to me or not reasonably foreseeable. I agree to inform my child about the potential dangers of the area he/she will travel to and precautions he/she should take. Despite precautions, accidents, and injuries that can occur, I understand that the transportation may be dangerous and that my child may be injured and/or lose or damage personal property. On behalf of myself and my child, I agree to assume all these foregoing risks and accept personal responsibility for my child when he/she is off campus.
2. On behalf of myself and my child, I release, discharge, waive, and covenant not to hold Saint Paul American school liable, and all their respective agents, affiliates, associates, officers, directors, owners, and employees (collectively "releases") from demands, losses, or damages on account of any injury, death or damage to property, caused or alleged to be caused in whole or in part by releases or any other party's actions, inaction, or otherwise; and I agree to indemnify releases from any and all third party claims caused in whole or in part by my, or my child's, actions.

### Media Release

I hereby give Saint Paul American School and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media. I further release and relieve Saint Paul American School, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material

I have read both the above Medical Release, Off Campus and Media Release and understand that by signing below, I have given up substantial rights on behalf of my child.

\_\_\_\_\_  
Signature of father/Guardian

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of mother/Guardian

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Date