



APPLICATION FOR ENROLLMENT

55 Zusheng Road, Heping District, Shenyang, 110117, CHINA; Tel: 86-24-8912-1177; Fax: 86-24-8981-7456; Email: studentservices@syischina.com

2011-12

***Please complete this form in ENGLISH**

STUDENT (full passport name) _____
Family name First Middle Preferred Name

Gender: Male Female Nationality _____ Desired Starting Date _____

Last Grade Completed _____ Current Grade _____ Applying for Grade _____

Language Spoken at Home _____ Other Languages Spoken _____

Applied for SYIS before? Yes No Did applicant test? Yes No Date ____ M ____ D _____ Y

Birthplace _____ Birth date _____

Passport Number _____ Country of issue _____ Date of expiration _____

ATTACH
RECENT
PHOTO

Student Address in Shenyang (detail) _____

Student Parent e-mail _____ Home Phone _____

Student lives with (Check all that apply) **Student's** (Check all that apply)

Father Stepfather Sibling(s) Father is deceased Parents are divorced

Mother Stepmother Legal guardian Mother is deceased Parents are separated

Father _____ Passport Number _____
Family Name First Middle

Occupation _____ Country of issue _____

Employer _____ Business / Cell Phone _____ Religious Pref. _____

Mother _____ Passport Number _____
Family Name First Middle

Occupation _____ Country of issue _____

Employer _____ Business / Cell Phone _____ Religious Pref. _____

(If the student does not live with his/her parents, please give the details of the legal guardian.)

Legal Guardian _____ Passport Number _____
Family Name First Middle

Relationship _____ Employer _____ Country of Issue _____

Home Phone _____ Business/Cell Phone _____ Religious Pref. _____

Legal Guardian Address _____

Sibling(s) _____
Name Age Grade School attended
