ADMISSIONS

The School welcomes prospective students at all times of the year. All admissions forms must be completed and the application fee paid before admissions testing may begin.

Tours

Families are invited to contact the school to arrange a tour during regular school hours.

Admissions Testing

Admissions testing may be required of any student prior to admission to the school. Parents will be notified by phone, fax, or email when admissions testing is required. Admissions testing helps determine the potential match of each applicant.

Academic and English Language Screening

All non-native English speakers in grades 4 through 12 will be given skills tests and English Language Proficiency tests as deemed appropriate by school personnel for entrance screening. This will assist the school in determining the level of support the applicant will require. An applicant in grades 4 through 12 must meet DAIS academic and language proficiency standards before s/he will be admitted.

ADMISSION REQUIREMENTS

- Non-refundable RMB 1,800 Application Fee
- Admissions Criteria
- Completed admissions Application Forms
- Completed student’s Medical History forms
- Copy of applicant’s Immunization Records
- Permission to Release School Records (To be given to the student’s current school after the student is accepted by DAIS)
- Official School Records in English (At least the past three years)
- School Recommendation from previous school
- Student Questionnaire
- Copy of the applicant’s Birth Certificate and Passport
- Copy of Valid Chinese Residence Permit (It’s the family’s responsibility of obtaining the appropriate visa for meeting DAIS’ admissions requirement)
- One 2 inch photo (Glue to the first page of the application forms)
Understanding the Admission Criteria

Dalian American International School admits students from all foreign nationalities, races, and creeds. Our school considers the following criteria in deciding student admission:

- Students must be able to maintain normal progress and meet DAIS standards.
- Students must demonstrate proficiency in English (Grades 8-12), or the potential to become proficient in the English language (Grades PreK-7).
- Dalian American International School is not staffed to support students with learning disabilities, or special educational needs. Special educational needs can include physical limitations, and/or certain development conditions.
- Parents must be able to meet the financial obligations of the school.
- Parents agree to adhere to the DAIS procedure and regulations as stated in the DAIS Parent Handbook.

Dalian American International School reserves the right to determine student admission and placement based on student records, academic ability, age, English proficiency level, placement tests results, available space, behavioral records and maturity.

I understand the admission criteria and the school’s requirement to have a complete application prior to the decision about admission.

Parent Signature ___________________________ Date ___________________________

Family Information

Parent:________________________________________

Employer:____________________________________

Contact email address:________________________

Student name:_________________ Date of birth:_________________ Current Grade:_________________

Student name:_________________ Date of birth:_________________ Current Grade:_________________

Student name:_________________ Date of birth:_________________ Current Grade:_________________

Student name:_________________ Date of birth:_________________ Current Grade:_________________
Dalian American International School
admissions@daischina.net
www.daischina.org

(For Office Use Only)
Date Completed: ___________ Sibling(s): ___________ Entry Date: ___________
Date of Interview: ___________ Grade Applied: ___________ Year Applied: ___________
Remarks: ___________.

PLEASE PRINT LEGIBLY IN BLOCK LETTERS.

PERSONAL DETAILS OF STUDENT

Applicant’s Full Name (as indicated in Passport):

(Family Name) __________________________ (Given Name) __________________________ (Middle Name) __________________________
Preferred Name (If any) __________________________ Age __________________________
Date of Birth (MM/DD/YY) __________________________ Country of Birth __________________________ Citizenship __________________________
Passport Number __________________________ Visa Expiration Date (MM/DD/YY) __________________________

Dalian Address:
________________________________________
________________________________________

Current Address: (If different from above)
________________________________________
________________________________________

Effective as of (MM/DD/YY)

Home Phone __________________________ Fax __________________________ Email __________________________

Please indicate the year and grade level the applicant is applying: __________________________

(Please Check)

☐ Pre K ☐ Kindergarten ☐ Grade 1 ☐ Grade 2 ☐ Grade 3
☐ Grade 4 ☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8
☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ Grade 13
Language:

Applicant's Native Language  Second Language  Language(s) spoken at home

Ethnicity: (*For statistic use only)

☐ African  ☐ Chinese  ☐ Caucasian
☐ Eurasian  ☐ Indian  ☐ Japanese
☐ Korean  ☐ Latino or Hispanic  ☐ Middle Eastern
☐ Native American  ☐ Pacific Islander  ☐ Others (Please Specify)

SCHOOLING DETAILS OF STUDENT

Applicant’s Current School:

Name of School  Grades Attended

School Address

Name of Principal or Head  Phone  Fax  Language of Instruction

Previous Schools: (Please begin with most recent School)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Address, Phone &amp; Fax</th>
<th>Curriculum (eg. US/UK)</th>
<th>Date (From- To)</th>
<th>Grades</th>
<th>Language of Instruction</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

FAMILY DATA

PLEASE LEAVE THE PHONE NUMBER BLANK IF YOU DO NOT HAVE A CHINESE CONTACT NUMBER WHILE APPLYING TO DAIS

Father (*All fields required)

Family Name  Given Name  Middle Name  Title (Mr. / Dr. / Prof)

Father's Employer  Position  Nature of Company's Business

Page 2 / 5

Revised May 2010
Business Address

Work Telephone

Mobile

Email

Native language(s)

Second Language(s)

Language Spoken with Applicant

Mother (*All fields required)

Family Name

Given Name

Middle Name

Title (Mr/Mrs/Miss/Ms/Dr/Prof)

Mother's Employer

Position

Nature of Company's Business

Business Address

Work Phone

Mobile

Email

Native language(s)

Second Language(s)

Language Spoken with Applicant

Step-Parent / Guardian:

Family Name

Given Name

Middle Name

Title (Mr/Mrs/Miss/Ms/Dr/Prof)

Mother's Employer

Position

Nature of Company's Business

Business Address

Work Phone

Mobile

Email

Native language(s)

Second Language(s)

Language Spoken with Applicant

Sibling Information:

<table>
<thead>
<tr>
<th>Name of Siblings</th>
<th>M/F</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Grade</th>
<th>Present School</th>
</tr>
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</table>
EMERGENCY CONTACT

(*Other than Parents / Guardians)

<table>
<thead>
<tr>
<th>Name*</th>
<th>Mobile Phone</th>
<th>Phone Number</th>
<th>Relationship</th>
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</table>

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</tr>
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<tbody>
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</table>

EMERGENCY ATTENTION

Authorization for Emergency Medical Attention
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the School’s administration to take my child to the nearest hospital emergency room:

Signature of Parent/Legal Guardian:

RELEASE INFORMATION

I hereby authorize Dalian American International School to release my child to ONLY the following persons: (*Other than Parents / Guardians)

<table>
<thead>
<tr>
<th>Name*</th>
<th>Primary contact No.</th>
<th>Second contact No.</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name*</th>
<th>Primary contact No.</th>
<th>Second contact No.</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

BILLING INFORMATION

Send Invoice to: (Check One)

☐ Father’s Business Address  ☐ Mother’s Business Address  ☐ Home

Send Correspondence to: (Check One)

☐ Father’s Business Address  ☐ Mother’s Business Address  ☐ Home

ADDITIONAL INFORMATION

1. Has the applicant ever been in an ESOL* program?
   If “Yes”, give details. (*English for Speakers of Other Languages)  ☐ Yes  ☐ No

2. Has the applicant ever tested or qualified for gifted/talented or special needs programs? If “Yes”, give details.  ☐ Yes  ☐ No
3. Has the applicant required disciplinary or academic intervention by administration? □ Yes □ No

4. Any additional information you would like to provide us to help us better understand your child: (Please attach separate sheets should you require more space.)

Declaration and Signature:
I certify that the information submitted in this application is true and complete to the best of my knowledge. DAIS reserves the right to nullify admission decisions based upon incomplete, false or misleading information.

Signature of Parent or Legal Guardian __________________________ Date __________

Faxed copies are not accepted. Forms can be downloaded at www.daischina.org

Please make check payable to “Dalian American International School”, and mail to the following address with the completed original application form:

Dalian American International School
2 Dianchi Road
Golden Pebble Beach National Resort Development Area
Dalian 116650 P.R. China
Tel: (86-411) 8757 2000
Fax: (86-411) 8791 5656

Email: admissions@daischina.net

Privacy Statement:
All information provided will be used for the purpose of processing the application for admission and school administration. All student information will not be disclosed to individuals or third parties outside DAIS except with parent’s written request. Unless you request otherwise, in writing, you and your child’s name, grade and contact information will be printed in the school directory, Parent Teacher Association Directory and handbook. Please notify us directly should you prefer not to be included in the directories.
**Medical History**

Dalian American International School
admissions@daischina.net
www.daischina.org

**Dear Parent:** Please answer the following regarding the medical history of your child. In order to best care for your child, we need to understand his/her health condition. All information will be kept confidential and released only to necessary medical personnel outside of school. **PLEASE PRINT IN BLOCK LETTERS.**

**Student's Full Name (as indicated in Passport):**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Name</th>
<th>Date of Birth (MM/DD/YY)</th>
</tr>
</thead>
</table>

**Blood Type (Please check one):**

- [ ] A
- [ ] AB
- [ ] B
- [ ] O

**RH Factor (please check one):**

- [ ] POS
- [ ] NEG

**ASTHMA:**
(If Yes, please list triggers and severity)

**ALLERGIES (Food/Drug/Environment/Others):**
(If Yes, please list triggers and severity)

**ANY MEDICATION:**

- Regular:
- Intermittent or emergency:

**OPERATIONS, HOSPITALIZATION OR CRITICAL ILLNESSES:**
(If “Yes”, please provide dates and details)

---

Page 1 / 2

Revised February 2011
Check the appropriate box if your child has/had any of the following medical conditions:

- Chicken Pox
- Scarlet Fever
- Recurrent Ear Infections
- Measles
- Tuberculosis
- Vision Problems
- Mumps
- Whooping Cough
- ADD / ADHD
- Poliomyelitis
- Diabetes
- Dyslexia
- Rheumatic Fever
- Epilepsy
- Speech Difficulties
- Rubella
- Heart Disease
- Others: __________________

If you have checked any of the above, please provide details and dates:


The immunizations below must be current before a student can be admitted to DAIS.
You may submit an immunization record instead.

| Type                                           | Date (MM/DD/YY) |
|                                               | 1st | 2nd | 3rd | 4th | 5th |
| Polio (TOPV-Tri-Oral-Polio-Vaccine)           |     |     |     |     |     |
| 2,4,6 & 18 months, 4-6 years, every 10 years  |     |     |     |     |     |
| Measles/Mumps/Rubella (MMR)                   |     |     |     |     |     |
| 15 months, Booster by age 11                  |     |     |     |     |     |
| Diphtheria, Pertussis & Tetanus (DPT)         |     |     |     |     |     |
| 2,4,6 & 18 months, 4-6 years, every 5-10 years|     |     |     |     |     |
| Hepatitis A                                   |     |     |     |     |     |
| 3 shots                                       |     |     |     |     |     |
| Hepatitis B                                   |     |     |     |     |     |
| 3 shots                                       |     |     |     |     |     |
| Tetanus Booster                               |     |     |     |     |     |
| age 14-16 years                               |     |     |     |     |     |
| Tuberculosis (BCG)                            |     |     |     |     |     |
| Other Inoculations (Please Specify):          |     |     |     |     |     |
| Other Inoculations (Please Specify):          |     |     |     |     |     |
| Other Inoculations (Please Specify):          |     |     |     |     |     |

Notes: Some vaccines are available in combination (eg. MR, MMR, DPT). For types not listed above, please fill in "Other Inoculations".

Page 2 / 2

Revised March 2019
Permission to Release School Records

To be completed by parents and sent to applicant's current school

Dalian American International School
Email: admissions@daischina.net
www.daischina.org

To: ____________________________________________________________

(Name of applicant's current school)

Attn: __________________________________________________________

(Name of applicant's current principal or counselor)

I hereby grant my child's school the permission to release the following records to the Admission Office of Dalian American International School (DAIS), and permit DAIS to contact my child's school.

Name of Student: ________________________________________________

(Family Name) (Given Name) (Middle Name)

Date of birth: ____________________________ Current Grade: __________

School address: ________________________________________________

School phone: ____________________________ Name of contact person: __________

School fax: ____________________________ Email address: __________________________

Records required: (All records must be translated into English)

- Copies of report cards, transcripts for the previous 3 school years.
- Records of any standardized test scores, special needs testing, any intelligence or aptitude test scores, and Individual Education Plan (I.E.P).
- Admissions Questionnaire.
- Health and immunization records and concerns.
- Any other information deemed appropriate.

Kindly send the above-mentioned information to:

DALIAN AMERICAN INTERNATIONAL SCHOOL

#2 Dianchi Road, Golden Pebble Beach National Resort
Dalian Development Area
Postal Code 116660, P.R. China
Tel: (86-411) 8757 2000

Email: admissions@daischina.net

Parent / Guardian Signature: ____________________________ Date: __________

Name of Parent / Guardian: ___________________________________________

Page 1 / 1

Revised March 2016
Dalian American International School
Email: admissions@daischina.net
www.daischina.org

Name of student: ____________________________ Current Grade: __________________________

The student named above is an applicant for admission to Dalian American International School. We ask that the person who best knows the student (i.e., homeroom teacher, guidance counselor, English teacher or advisor) complete the following form with as much detail as possible. Your input will be particularly important in grade placement and to assist us in the student’s adjustment to DAIS. To ensure confidentiality, please either return this form in a sealed envelope to the applicant, scan and email to admissions@daischina.net.

Thank you for your cooperation.

Please print your name: ____________________________________________

Name of the school and location: ______________________________________

Position: _____________________________ Email: _____________________________

1. Is English the language primarily spoken at home? □ Yes □ No

If not, please comment on his/her English level.

2. Rate the academic habits. (1 being low and 5 as high)

<table>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
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<tr>
<td>Organization</td>
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</tr>
<tr>
<td>Flexible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Persistence</td>
<td></td>
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<tr>
<td>Striving for Accuracy</td>
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<tr>
<td>Creative Thinker</td>
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<tr>
<td>Applying Past Knowledge</td>
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<tr>
<td>Open to New Learning</td>
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</table>

3. Does this student need academic support? □ Yes □ No

If yes, please explain: ____________________________________________

1/2
b. Rate the amount of academic support needed to be successful.  1  2  3  4  5  
(I being little support to 5 needing a teacher aid)

4. Does this student have any learning problems that impact learning? If so, please comment below.

___________________________________________________________________________

5. Does this student have any behavioral problems that impact learning? If so, please comment below.

___________________________________________________________________________

6. a. Has this student ever qualified for any of the following services?  

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Education Plan (IEP)</td>
<td></td>
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<tr>
<td>504 Plan</td>
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<tr>
<td>Speech and Language</td>
<td></td>
<td></td>
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<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>ELL (English Language Learners)</td>
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<tr>
<td>Gifted Program</td>
<td></td>
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</tbody>
</table>

b. If yes, please explain:
___________________________________________________________________________

7. Rate the student’s interactions with peers in academic areas.  1  2  3  4  5  
(I being negative and 5 positive)

8. Rate the student’s interactions with peers in social areas.  1  2  3  4  5  
(I being negative and 5 positive)

9. Please include any additional comments which would help us to facilitate this student’s adjustment to our school.

Please return your responses to admissions@daischina.net.
Dalian American International School
admissions@daischina.net
www.daischina.org

General Information

1. Name of student: __________________________ Current Grade: _______________________
   (Family Name)  (Given Names)
2. Date of Birth: ___________________________ Home language: _______________________
   (MM/DD/YY)

Family

1. Please list the names and relationships of the immediate family members and the birthdates of siblings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth date</th>
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</tbody>
</table>

2. Did your child have any developmental delays in walking, speaking, and toilet training?  ___ Yes  ___ No
If “yes”, please explain:

Special Programs

1. Has this student received any of the services below—either currently or in the past?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Education Plan (IEP)</td>
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</tr>
<tr>
<td>Gifted Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “yes”, please explain:

PLEASE ATTACH A COPY OF ANY IMPORTANT REPORTS FROM THESE SERVICES INDICATED ABOVE.

Declaration and Signature:

I certify that the information submitted in this application is true and complete to the best of my knowledge. I understand that DAIS reserves the right to nullify admission decisions based upon incomplete, false or misleading information.

Signature of Parent or Legal Guardian ___________________________ Date _____________

1 / 1
**Student Questionnaire Grade 3rd-5th**

Dalian American International School  
admissions@daischina.net  
www.daischina.org

**General Information**

1. Name of student: ___________________________ Current Grade: ___________________________
   (Family Name) (Given Names)

2. Date of Birth: ________________ Home language: ___________________________
   (MM/DD/YY)

**Family**

1. Please list the names and relationships of the immediate family members and the birthdates of siblings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth date</th>
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</tbody>
</table>

2. Did your child have any developmental delays? _____Yes _____No
If “yes”, please explain: ___________________________

**Special Programs**

1. Has this student received any of the services below—either currently or in the past?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Gifted Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “yes”, please explain: ___________________________

**PLEASE ATTACH A COPY OF ANY IMPORTANT REPORTS FROM THESE SERVICES INDICATED ABOVE.**

**Declaration and Signature:**
I certify that the information submitted in this application is true and complete to the best of my knowledge. I understand that DAIS reserves the right to nullify admission decisions based upon incomplete, false or misleading information.

Signature of Parent or Legal Guardian ___________________________ Date ___________________________
Name of student: ____________________________  (Family Name)
           ____________________________  (Given Names)

Current Grade:____

Date of Birth:_________________________  (MM/DD/YY)
Home language:________________________

1. Which subject do you enjoy the most?

2. Which subject do you find the most difficult? Why?

3. Which languages do you speak? How long have you studied them?

4. Please describe your interest in arts and music. (e.g. painting, photography, musical instruments, drama production, etc.)

5. Please describe your interest in athletics.
6. What is a book you either enjoyed or did not enjoy? Tell something about it.

7. Have you participated in any community service or volunteer activities? Tell about them.

8. PLEASE WRITE AT LEAST 2 PARAGRAPHS ON ONE OF THE FOLLOWING TOPICS.

(A) An accomplishment of which I am especially proud is ...

(B) Tell a true story about someone who has meant a great deal to you, showing why you admire him/her so much?

(C) Tell us about the most interesting thing you have learned.