



## Galilee International School – Kindergarten PRE-NURSERY STUDENT APPLICATION FORM

Please write your responses below.

|                                    |                          |
|------------------------------------|--------------------------|
| <b>Admissions Office Use Only:</b> |                          |
| <b>Date of App Rec'd:</b> _____    | <b>Siblings:</b> _____   |
| <b>Testing Date:</b> _____         | <b>Family ID:</b> _____  |
| <b>Receipt #:</b> _____            | <b>Student ID:</b> _____ |

|                         |
|-------------------------|
| Attach<br>photo<br>here |
|-------------------------|

| Part A - STUDENT INFORMATION   |   |   |
|--|---|---|
| Surname (Last) Name  | First Name:   | Middle Name:  |
| Preferred Name:  | Gender:   | Date of Birth: (MM/DD/Year)   |
| Place of Birth:  | Ethnicity:  | Home Phone Number:  |
| Expected Date of Entry to GIS (MM/Year)  | Applying for Pre-Nursery:<br>Monday to Friday   |   |
|  | English and Cantonese Program :<br><input type="checkbox"/> Morning Session<br><input type="checkbox"/> Afternoon Session | English and Mandarin Program:<br><input type="checkbox"/> Morning Session<br><input type="checkbox"/> Afternoon Session |
| House/Flat No.:  | Building Name:  | Street Address:   |
| City:  | State/District:      Zipcode:   | Country:  |
| For Hong Kong Permanent Resident   |   |   |
| Hong Kong ID Card No:  | Country of Passport:  | Passport Number:  |
| For Hong Kong Non-Permanent Resident<br>(Applicants are required to submit copies of Hong Kong Dependent Visa by the first day of school.) |   |   |
| Country of Passport:   | Passport Number:  | Visa Expiry Date:   |

**Part B – EDUCATION INFORMATION**

|  |             |                         |                   |
|--|-------------|-------------------------|-------------------|
| Name of Current School and Current Grade   |             | Language of Instruction |                   |
| Address of Current School:   |             | Phone number:           |                   |
| List of schools attended (from second recent to earliest):   |             |                         |                   |
| School Name  | Class/Grade | Language of Instruction | Dates (From - To) |
| 1.   |             |                         |                   |
| 2.   |             |                         |                   |
| 3.   |             |                         |                   |
| Has your child previous applied or attended GIS? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade & Year _____ |             |                         |                   |

**Part C- STUDENT LANGUAGE INFORMATION**

\*Please check the appropriate boxes below.

| <b>English</b>  | Beginning                | Developing               | Fluent                   | <b>Cantonese</b>                 | Beginning                | Developing               | Fluent                   |
|-----------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| Speaking        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mandarin</b> | Beginning                | Developing               | Fluent                   | <b>Other Language</b><br>(_____) | Beginning                | Developing               | Fluent                   |
| Speaking        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part D – FAMILY LANGUAGE INFORMATION**

What percentage of English is spoken with the child by:  
 Father \_\_\_\_\_ Mother \_\_\_\_\_ Siblings \_\_\_\_\_ Helper \_\_\_\_\_ Other (\_\_\_\_\_): \_\_\_\_\_

| <b>Part E – ADDITIONAL STUDENT INFORMATION</b>  |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| Has the applicant repeated or been advanced any grades? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever been recommended to see or be seen by an Educational Psychologist/Occupational Therapist/Psychiatrist/Counselor/Speech Therapist or other Specialist? If yes, please give details below or attach extra sheets where necessary and include any reports. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever received any special help or ever attended special classes for any learning, social, emotional, or behavioral difficulties? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any health or physical concerns? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Please list any medications your child is currently taking that are related to the above questions.   |                          |                          |

| <b>PART F – SIBLINGS INFORMATION</b> |     |             |        |   |
|--------------------------------------|-----|-------------|--------|---|
| Full Name<br>(Surname, First Name)   | Age | Grade Level | School | If attending GIS, please indicate the current Grade |
|                                      |     |             |        |   |
|                                      |     |             |        |   |
|                                      |     |             |        |   |
|                                      |     |             |        |   |

### Part G – FAMILY INFORMATION

\*Please check the appropriate boxes below.

Parents' Marital Status:

- Parents Married     
  Parents Divorced     
  Parents Separated  
 Father Deceased     
  Mother Deceased     
  Father Remarried     
  Mother Remarried

| FAMILY INFORMATION<br>(continued)               | Father/Guardian  | Mother/Guardian  |
|---|--|--|
| Live with applicant                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Name<br>(Surname, First Name, Middle Name) |  |  |
| Address<br>(if different than applicant's)      |  |  |
| Home Phone Number                               |  |  |
| Religion  |  |  |
| Citizenship                                     |  |  |
| Hong Kong Permanent Resident                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Phone. No.                               |  |  |
| Email address                                   |  |  |
| Occupation                                      |  |  |
| Employer  |  |  |
| Business Address                                |  |  |
| Work Telephone                                  |  |  |

### Part H – EMERGENCY CONTACT INFORMATION

**In case of emergency, parents will be contacted first. Please appoint a contact person to act on behalf of parents/ guardians if they cannot be reached.**

|                                   |                            |                      |
|-----------------------------------|----------------------------|----------------------|
| Name of Contact Person Appointed: | Relationship to Applicant: | Mobile Phone Number: |
|                                   |                            |                      |

### PART I – ADDITIONAL INFORMATION

How did you hear about GIS?

- Through Family/Friends     
  GIS Fundraising Events     
  GIS Alumni     
  Others \_\_\_\_\_  
 GIS Brochure     
  GIS Website     
  Church

## Part J - TRANSPORTATION

Would you like us to provide transportation for your child to school?  Yes  No

GIS has limited bus services. GIS works with a local bus company to offer transportation to students based on location and is subject to availability. Please refer to the School Bus Request Form under "Bus Service" section.

## Part K – PARENT ACKNOWLEDGEMENT

1. I agree to abide by the rules and regulations of GIS and the jurisdiction of the laws of Hong Kong.
2. I understand the school exercises reasonable care and attention to the students in all school-sponsored activities. Unless I can prove the school has been negligent in the activity, I will not hold the school, organizer, any teacher, employee, or other person responsible for the activity or any liability relating to my son/daughter from any and all personal injury, illness, or loss of property that may be suffered by my son/daughter during the activity.
3. I fully understand that the non-disclosure of information regarding any exceptional needs and concerns noted by my child's previous schools or any professionals may result in my child losing his position at GIS.
4. I have read and agree to abide by the GIS payment policy and school's policy as listed on GIS school website.
5. I understand that GIS has the sole, exclusive and final right to administer selective enrollment of students' application for the best interest of the school.
6. I declare that the information given in this application form is true and accurate and understand that a failure to provide accurate information may result in immediate withdrawal of the applicant's admission and dismissal from GIS.

Parent/Guardian's signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please sign and send Student Application Form, Fee and supporting documents to:

**Admissions Office**  
**Galilee International School – Kindergarten**

G/F & 1/F, Peace Garden  
2 Peace Avenue  
Ho Man Tin  
Kowloon, Hong Kong

Tel +852 2390 3000 | E-mail: [admission@gis.edu.hk](mailto:admission@gis.edu.hk) | [www.gis.edu.hk](http://www.gis.edu.hk)