



Reference number (filled in by the school)

Applying for Academic Year

Year Group

Previously applied to Shrewsbury International School Hong Kong? Y N (Tick ✓)



**PHOTO
(45mm x 35mm)**

(1)

A. Information about the child

i) Basic information

Surname

Date of birth

First name

Gender

Middle name

Preferred name

(2)

ii) Residence status / passport

HKPR HKPR with Foreign passport Non-HKPR Dependant visa Visa pending

Expiry date: _____ Details: _____

HK ID number (if applicable) *X123456(A)*

Child's Passport 1

Child's Passport 2 (dual nationality)

Passport Country

Passport No.

Passport expiry date

(3)

iii) Details of previous schools attended

	1	2	3
Name of School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
From month/year	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
To month/year	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Year/grade level	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main language of instruction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact person	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>

iv) Language information

First language

Second language

Additional language

v) More about your child

Does your child have any issues related to:

- 1. Physical disabilities (such as visual/hearing/speech/mobility) Y N
- 2. Behaviour (such as eating/sleeping disorders/anxiety/depression) Y N
- 3. Learning difficulties (please see guidance notes) Y N
- 4. Has your child ever been seen/evaluated by an Educational Psychologist/Counsellor/ Speech Therapist/other specialist? Y N
- 5. Does your child have any other medical conditions or requirements? such as allergies, dietary, regular medication, conditions affecting performance or participation in class, Physical Education and swimming Y N
- 6. Does your child have any exceptional talent, special skills or interests? Y N

Where the answer is "YES" please provide details below

(4)

B. Information about the child's siblings

	First	Second	Third
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Current school	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applied to Shrewsbury	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

C. Parents/guardian information

i) Personal information

Relationship	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Main Contact Person (Please tick ✓)	<input type="checkbox"/>	<input type="checkbox"/>

(5)

(6)

ii) Contact details

Postal Address	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Contact Number 1	<input type="text"/>	<input type="text"/>
Contact Number 2	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Position/title	<input type="text"/>	<input type="text"/>
Type of business	<input type="text"/>	<input type="text"/>

iii) Residence status / passport

Passport Country	<input type="text"/>	<input type="text"/>
Passport Number	<input type="text"/>	<input type="text"/>
Additional Passport Country	<input type="text"/>	<input type="text"/>
Additional Passport Number	<input type="text"/>	<input type="text"/>
HK ID number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Visa	<input type="checkbox"/> HKPR <input type="checkbox"/> Non-HKPR <input type="checkbox"/> HKPR with Foreign passport <input type="checkbox"/> Dependent visa Expiry date: _____ <input type="checkbox"/> Work visa Expiry date: _____ <input type="checkbox"/> Visa pending Details: _____ _____ _____	<input type="checkbox"/> HKPR <input type="checkbox"/> Non-HKPR <input type="checkbox"/> HKPR with Foreign passport <input type="checkbox"/> Dependent visa Expiry date: _____ <input type="checkbox"/> Work visa Expiry date: _____ <input type="checkbox"/> Visa pending Details: _____ _____ _____

D. Capital Levy / Capital Certificate preference

Capital Levy
 Standard Certificate
 Premium Certificate

E. Billing Information

Name of person/Company responsible for fees

Billing address

Billing email

Contact number 1

Contact number 2

(7)

(8)

F. Declaration

I/We are the legal custodian(s) of the child.

I/We give permission to Shrewsbury International School Hong Kong to obtain records and contact my child's previous school(s) for information in connection with this application.

I/We agree to be bound by Shrewsbury's admissions process, policy and declare that the information provided on this application form, together with any supporting reports and information is accurate and complete.

I/We agree to inform the school of any material change to the information provided on this application form.

I/We agree to pay the non-refundable Application Fee for this application.

I/We agree to pay the Capital Certificate upon submission of this Application Form.

I/We understand that completion of this application form does not guarantee an offer of a place at the school.

(9)

	Mother	Father	Guardian (if applicable)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

G. Additional Information

Are you or anyone in your family an alumni of Shrewsbury School UK or Shrewsbury International School Bangkok? _____

Where did you hear about Shrewsbury International School Hong Kong?

- Friends / Relatives
 Internet Search Engines
 Website
 Social Media
 Magazines / Newspapers
 Relocation Companies
 Others: _____

Application Checklist

Scanned

Please send the following scanned documents to admissions@shrewsbury.hk

1. A recent passport photo of the child (within the last 3 months)
2. Photocopy of child's:
 - passport page showing the photo, name, date of birth, nationality and validity date
 - valid HK visa
 - HKID card (if applicable)
 - Birth Certificate
 - School reports for the past two years
 - (we recognize that it may not be possible to provide this for the youngest applicants)
3. Photocopy of parents':
 - Passport page showing the photo, name, date of birth, nationality and validity date
 - Valid HK visa (if parents are not HK Permanent Residents)
 - If valid visas are not available, the reasons should be stated in the application form.
 - HKID card
4. Proof of payment of the application fee
5. Proof of payment of a Capital Certificate (if applicable)
6. Home Assessment Form