



Ecole Française Internationale de Shenzhen

International French School of Shenzhen

REGISTRATION FORM

ACADEMIC YEAR 2024-2025

Student Photo

First name: _____

Last name: _____

Year level (in 2024-2025): _____





Dear Parents,

In order to complete the student registration process for your child's enrolment at EFIS, we require you to submit the following documents.

Please refer to the checklist below:

- Copy/scan of child's passport or identification card or family record book
- Copy/scan of parents' passports or identification cards or family record book
- Copy/scan of previous school reports for current and previous academic year (first registration only)
- Copy/scan of educational psychologist's or medical reports (if applicable)
- Two passport size photographs of your child on the first day of school (taken within the last 6 months)

Kindly submit the completely filled-in registration form along with the aforesaid documents. Please feel free to contact our admissions office for any query. We highly appreciate your cooperation and understanding.

I certify that I have received the EFIS financial rules for 2023-2024. I fully understand and agree with these rules, especially the reimbursement conditions.

.....

Father's Signature

(or a legal representative)

.....

Mother's Signature

(or a legal representative)



STUDENT INFORMATION

First name:

Last name (Family name):

Nationality: Sex: F M

Date of birth: Place of birth:

Father language: Mother language :

Language(s) spoken at home:

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Residential address (In Shenzhen):

.....

.....

LANGUAGE LEVEL

Check the estimated level	Beginner	Quite good	Fluent	Native language
French				
Chinese				
English				
Other: _____				

STUDENT'S PREVIOUS EDUCATION

School	Country	Class/Level



PARENTS CONTACT DETAILS

Person(s) with parental authority		
	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
First Name
Last Name
Address
Home Phone No.
Mobile Phone No.
E-mail address
Occupation
Company Name



STUDENT DROP-OFF/PICK-UP AUTHORIZATION

In order to ensure students' security, we advise you to authorize 3 people in advance, other than you, to drop-off or pick-up your child. Please let these individuals know that they may be asked to show a proof of identification to the school.

A photocopy of their ID Card/Passport should be provided and attached together with the EFIS Registration Form.

1) Full name:

Relationship with the child:

Telephone:

2) Full name:

Relationship with the child:

Telephone:

3) Full name:

Relationship with the child:

Telephone:

The information above is correct and I hereby authorized my child to be dropped-off/picked up by the listed individuals ONLY. I shall notify the school regarding any member added to the list of drop-off/pick-up authorization. I understand that my child will not be released to any individual that is not listed on this form.

.....

Father's Signature

(or a legal representative)

.....

Mother's Signature

(or a legal representative)



DISMISSAL PERMISSION

(Only for CM1-CM2 and Middle school students)

I give my child permission to leave EFIS school at afternoon dismissal time to go home on his own.

I understand that once my child leaves EFIS school premises, I am responsible for anything that may happen to him while he travels home and will not hold EFIS Shenzhen liable for any incidents that occur after dismissal from school.

By signing this document, I understand and agree that EFIS Shenzhen will not be held responsible for my child after he is dismissed from school :

- Monday, Tuesday, Thursday, Friday, at 3:40 pm for regular dismissal. If attending a Chinese class, it will be 4:40 pm.
- Wednesday, at 1:00 pm. If attending a Chinese class, it will be 2:00 pm.

I do not give my child permission to leave EFIS school at afternoon dismissal time to go home on his own.

.....
Father's Signature

(or a legal representative)

.....
Mother's Signature

(or a legal representative)



PERMISSION FOR SCHOOL PHOTOGRAPH

During various school activities and excursions, there will be occasions when your child will be photographed or filmed. These photographs will be displayed on the school website and social media pages. With your specific authorization, these could be used also for school advertising.

If you do not consent your child to be photographed or filmed please state this below.

- I do not consent my child to being photographed or filmed.
- I consent my child to be photographed or filmed in order to be displayed on the school website and social media pages.
- I consent my child to be photographed or filmed in order to be displayed for school advertising.

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Father's Signature

(or a legal representative)

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Mother's Signature

(or a legal representative)



STUDENT EMERGENCY INFORMATION

Contact Details of Private Insurance Company

Company Name:

Contact number:

Hospital that is linked to:

For information regarding medication, please refer to the School Rules

In case of accident or illness, the school will contact parents as soon as possible. Please help us in doing so by providing the following telephone numbers:

1. Priority contact number:

Full name:

Relationship with the child:

2. Full name of someone who is likely to be able to inform you quickly in case not reachable:

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Phone number:

Relationship with the child:

In case of emergency, I give consent to have my child to receive first-aid by the supervising personnel and if necessary, call Emergency Services or a doctor, as the circumstances dictate.

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Father's Signature

(or a legal representative)

.....

Mother's Signature

(or a legal representative)



HEALTH GUIDELINES

If your child is sick and you are unsure if they should attend school, please use these guidelines below to help you make that judgment.

1. Cough, cold & nasal congestion

A child with a minor cough or cold may attend school. If the cold is accompanied by a temperature, shivers or drowsiness, the child shouldn't attend school and we recommend that they see a doctor.

If your child has nasal congestion, they should not attend school except if it is caused by an allergy. If this is the case, you will need to clarify what the allergy is caused by. We ask that you return your child to school 24 hours after they start to feel better. If your child has a severe and long-lasting cough, consult your doctor for advice.

2. Raised temperature

If your child has a raised temperature, they shouldn't attend school (a raised temperature is considered anything higher than 37°C). If your child has a raised temperature accompanied by other symptoms, the school recommends that you consult your doctor. Your child should only return to school 24 hours after symptoms are no longer present.

3. Sore throat

A sore throat alone doesn't have to keep a child from school. However, if it is accompanied by a raised temperature or other symptoms, your child should stay at home.

4. Headache

A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep your child off school and please consult your doctor.

5. H1N1 / Flu

If your child has H1N1 or they are showing flu like symptoms such as a cough, sore throat, body aches, chills or headaches, they should remain at home for at least 5 days. Your child should only return to school 24 hours after symptoms are no longer present.

Once the illness has passed, please provide a doctor's certificate stating that the student is fit to return to school.

.....
Father's Signature

(or a legal representative)

.....
Mother's Signature

(or a legal representative)



6. Rash

Skin rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your doctor before they return to school.

7. Vomiting and diarrhea

Children with diarrhea and/or vomiting should definitely be kept off from school for at least 48 hours after their symptoms have gone. In most cases of diarrhea and vomiting, children recover without treatment.

However, if symptoms persist, consult your doctor.

8. Chickenpox

If your child has chickenpox, keep them off from school for at least 5 days until all their blisters have crusted over.

9. Hand Foot and Mouth Disease (HFMD)

If your child has HFMD or they are showing symptoms such as raised temperature (around 37.5 °C), tummy pain, coughing, mouth ulcers or loss of appetite, they should remain at home.

However, if symptoms persist, consult your doctor. and remain at home. Once the illness has passed, please provide a doctor's certificate stating that the student is fit to return to school.

10. Conjunctivitis

If your child has conjunctivitis, please keep them off from school until all discharge from their eyes has ceased.

11. Head lice and nits

If a student is found to be infested with head lice or nits, they will be sent home. An information sheet will be sent home to the parent/guardian. Upon return to school after treatment, a head check is required by the school nurse and/or principal's designee in the presence of the parent/guardian for re-admittance. Parents/guardian must transport their child to school on the morning of the head check.

12. Contagious disease

If your child has been diagnosed with a contagious disease, please inform the school as soon as possible so we can take the necessary precautions to keep it contained.

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Father's Signature

(or a legal representative)

.....
Mother's Signature

(or a legal representative)





MEDICAL HISTORY

Does your child suffer any allergies? Yes [] No []

If yes please indicate IN DETAILS what type of allergy:

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.....

Does your child have any dietary restrictions? Yes No

If yes please indicate IN DETAILS:

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Is your child taking any medication on regular basis? Yes No

If yes please indicate IN DETAILS:

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Is there any other medical condition that the school should be aware of? Yes No

If yes please indicate IN DETAILS:

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Has your child ever received assistance for Special needs of any kind? Yes No

If yes please indicate IN DETAILS:

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Father's Signature

(or a legal representative)

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Mother's Signature

(or a legal representative)



Contact us at:

International French School of Shenzhen

JingShan Villa, Bld 5, 4th floor, 1007 NanHai DaDao, Nanshan District Shenzhen, China

Tel: (+86) 13246752272 (Administration)

Tel: (+86) 18124559657 (School Director)

Administration Email : admin@efshenzhen.com

Principal Email: direction@efshenzhen.com

EFIS Administration/Registrations



Website: <https://efshenzhen.com>

EFIS WeChat official account:

