



CHAOYIN  
BILINGUAL  
SCHOOL  
SINCE 1998

# Application Form



Scan to download

## APPLICANT (STUDENT) INFORMATION

\*Legal Last Name

\*Legal First Name

Legal Middle Name (if applicable)

Preferred Name

\*Gender (M/F/O)

DD / MM / YYYY  
\*Date of Birth

PHOTO

\*Place of Birth

\*Nationality

\*Grade of Applying & Entry Date

\*Medical Alerts

Existing Health Supports (if any)

Allergies (if any)

\* Address

Postal Code

Home Phone

## \*EDUCATION HISTORY

**Daycare** From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy mmyyyy Name of Institution Country

**Kindergarten** From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy mmyyyy Name of Institution Country

**Previous School** From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy mmyyyy Name of Institution Country

**Current School** From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
mmyyyy mmyyyy Name of Institution Country

## PARENT INFORMATION (first contact point)

\*Parent's Full Name

Preferred Name

Gender (M/F/O)

\*Mobile Phone

\*Email

Social Media/WeChat ID

Workplace/Job Title

## PARENT INFORMATION

\*Parent's Full Name

Preferred Name

Gender (M/F/O)

\*Mobile Phone

\*Email

Social Media/WeChat ID

Workplace/Job Title

*This document is kept confidential and is for student filing only.*

**SIBLING(S)** (if applicable)

\_\_\_\_\_  
Sibling's Name      English Name      Gender(M/F/O)      Grade      Age

\_\_\_\_\_  
Sibling's Name      English Name      Gender(M/F/O)      Grade      Age

**EMERGENCY/GUARDIAN INFORMATION** (in Metro Vancouver)

\_\_\_\_\_  
\*Legal Full Name      Gender(M/F/O)      \*Relationship to Child      \*Mobile Phone

\_\_\_\_\_  
\*Email      Workplace & Job Title

**OTHER INFORMATION**

\_\_\_\_\_  
Special Education Needs

Submit this form along with the following documents to the Admissions Office, or email them to:

info@chaoyin.ca

- School report card
- Copy of student's passport
- Receipt/Screenshot of application fee payment

I hereby affirm that:

- All the information provided in this form is true and correct.
- I shall abide by the Rules and Regulations of Chaoyin Bilingual School.
- I shall pay the non-refundable application fee of \$250 to accounting@chaoyinschool.ca.

**IMPORTANT:** An incomplete application form, or failure to submit supporting documents, **WILL DELAY** the processing of your application.

\_\_\_\_\_  
\*Guardian's Signature

\_\_\_\_\_  
DD / MM / YYYY  
\*Date

OFFICE USE ONLY	
Interview Appointment	Remarks
Admissions Office	Principal