



**CANADIAN INTERNATIONAL SCHOOL OF BEIJING**

北京加拿大国际学校



## **Application Checklist 2008/2009**

- Completed and Signed Application Package:**
  - Part A: Application Form**
  - Part B: Enrollment Agreement**
  - Part C: Health Questionnaire**
  - Part D: Emergency Medical Treatment Form**
- Application Fee of 1600RMB or 220USD (Non-refundable)**
- Copy of Student's Passport**
- Copy of Student's Birth Certificate**
- Copies of Parents' Passports**
- Three Passport-sized Photographs**
- School Transcripts/Report Cards for Last 2 Years (in English)**
- Proof of Medical Insurance (in English)**

# PART A: APPLICATION FORM

Attach student photo here

## Personal Information: Student (the "Student")

<b>Legal Name</b>		
Surname	First Name	Middle Name
<b>Preferred</b>	<input type="checkbox"/> Male	<b>Date Of Birth Day/Month/Year</b>
	<input type="checkbox"/> Female	<b>Current Age</b>
<b>Nationality (Nationalities)</b>	<b>Passport Number</b>	<b>Country of Issue</b>
		<b>Expiration Date</b>
<b>Current Address</b>		

**Address in Beijing, including Postal Code (if different from above)**

Requested Entry Date:  September \_\_\_\_\_ (Year)  January \_\_\_\_\_ (Year)  Immediate  Other \_\_\_\_\_

Current Curriculum/Academic Program:  Canadian  American  British  IB  Other \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ When Did the School Year End? \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Are you a Returning CISB Student?  Yes  No If "Yes", what grades and years did you attend CISB? \_\_\_\_\_

## Personal Information: Parent(s)

Father's Name		
Nationality(ies)		
Passport Number	Country of Issue	Expiration Date
Employer		
Position		
Business Address, including Postal Code		
Business Telephone Number	Business Fax Number	
Mobile Number	Email	
Address in Beijing, including Postal Code (if available)		
Home Telephone in Beijing (if available)		

Mother's Name		
Nationality(ies)		
Passport Number	Country of Issue	Expiration Date
Employer		
Position		
Business Address, including Postal Code		
Business Telephone Number	Business Fax Number	
Mobile Number	Email	
Address in Beijing, including Postal Code (if available)		
Home Telephone in Beijing (if available)		

Please note that at least one parent/guardian must be a legal resident of Beijing while the student is enrolled at CISB.

Will at least one Parent be legally resident in Beijing?  Yes  No

If Yes, please provide the P.R. C. Resident Permit Number(s) for each resident parent (if available):

Father: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Mother: \_\_\_\_\_ Valid Until: \_\_\_\_\_

If the answer to the above is "No", please complete the following section .

## Personal Information: Guardian

Name		Relationship to Child	
Nationality(ies)	Passport Number	Country of Issue	Expiration Date
Employer		Position	
Business Telephone Number	Business Fax Number	Mobile Number	Email
Address in Beijing, including Postal Code (if available)			

P.R.C. Resident Permit Number of the Guardian (if applicable): \_\_\_\_\_ Valid Until: \_\_\_\_\_

What is your anticipated length of stay in Beijing? \_\_\_\_\_

Who will pay the school fees?  Self  Father's Employer  Mother's Employer  Other \_\_\_\_\_

Will your child take the school bus?  Yes  No

## Personal Information: Other Children In The Family

Name	Date of Birth	Current School	Grade Level	Applying to CISB (Yes/No)

## Student Academic Profile (please list all schools attended, from most recent)

School Name	City / Country	Dates Attended (from/to)	Grade Levels	Language of Instruction	Curriculum

# Language History: Student And Family

1. Student's Primary Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_
2. Father's Primary Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_
3. Mother's Primary Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_
4. Language(s) Spoken at Home: \_\_\_\_\_
5. Is your Child currently enrolled in an English-language support program at school?  Yes  No
6. Has your child ever been enrolled in an English-language support program at school?  Yes  No
- If the answer to questions 5 or 6 is "Yes", please provide details: \_\_\_\_\_

## Additional Information: Student

In order for us to determine the most suitable class for your child, please check either "Yes" or "No" to the following questions. Please note that your answer to these questions will not necessarily affect your child's admissibility, but will help us to choose the best class placement for your child.

1. Has your child ever been accelerated (skipped a grade)? If "Yes", please indicate grade(s) skipped: \_\_\_\_\_  Yes  No
2. Has your child ever been in a Gifted Program? If "Yes", please indicate grade(s): \_\_\_\_\_  Yes  No
3. Has your child ever been retained (repeated a grade)? If "Yes", please indicate grade(s): \_\_\_\_\_  Yes  No
4. Does your child have any specific learning difficulties?  Yes  No  
If "Yes", please provide details and supporting documents \_\_\_\_\_
5. Has your child ever been enrolled in a Learning Support Program of any kind?  Yes  No  
If "Yes", please provide details and supporting documents \_\_\_\_\_
6. Has your child ever had an Individual Educational Plan (IEP)? If "Yes", please provide a copy.  Yes  No
7. Has your child ever had a psycho-educational evaluation? If "Yes", please provide a copy.  Yes  No
8. Has your child ever received extra help during the school day or after school hours?  Yes  No  
If "Yes", please provide details: \_\_\_\_\_
9. Has your child ever been denied admission to a school? If "Yes", please provide details:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
10. Does your child have any physical disabilities/impairments? If "Yes", please provide details:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
11. Does your child have any medical conditions? If "Yes", please provide details:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

## Supplementary Information: Student

1. Please list special hobbies or interests of your child:  
\_\_\_\_\_  
\_\_\_\_\_
2. Please provide any other information you feel would be useful in helping us educate your child:  
\_\_\_\_\_  
\_\_\_\_\_
3. Please provide any other information you feel would be useful in helping us to support your child's transition to CISB:  
\_\_\_\_\_  
\_\_\_\_\_

If allocated space is insufficient please attach a separate sheet.

## PART B: ENROLLMENT AGREEMENT

The undersigned parent(s)/guardian (the "Parent"), hereby contracts to (re)enrol the above student (the "Student") at Canadian International School of Beijing (the "School") for the 2008/2009 school year. I/we have read, understand, and agree to the following terms and conditions:

1. Application Fee: The application for admission to the School will not be considered until the Parent has paid to the School a non-refundable application fee of 1,600 RMB or 220 USD (the "Application Fee").

2. Annual Tuition: Annual Fees are listed in the attached 2008/2009 CISB Fee Schedule.

3. Liability for Fees and Due Date: The Parent is personally liable to pay all fees invoiced by the School in full when due, whether or not the Parent has an agreement with a third party to be reimbursed in full or in part for the Annual Fees. Due dates for the Tuition Annual Fee and ESOL Annual Fee are set out in the attached 2008/2009 CISB Fee Schedule. The School refund policy is set out in the attached 2008/2009 CISB Refund Policy and Schedule. The Parent acknowledges having read and understood the 2008/2009 CISB Fee Schedule and 2008/2009 CISB School Refund Policy and Schedule.

4. Suspension of Privileges: Tuition and other fees are payable in accordance with the date agreed as part of this Enrollment Agreement. The School reserves the right to deny admission of the Student to the facilities of the School, including classes, if payments due the school are not made by the due date. If the Student's account falls into arrears after the start of the school term the Student will not participate in School projects, and progress reports and transcripts will not be released until payment is received. This action taken by the School does not diminish the obligation of payment of the Parent as outlined in this Enrollment Agreement.

5. Student Health and Accident Insurance: The Parent will provide health and accident insurance for the Student (the "Parent Insurance Policy"). The Parent further agrees to provide the School with evidence of the Parent Insurance Policy prior to the first day of classes.

6. Diagnostic Testing: The Parent acknowledges that diagnostic testing of the Student may be required as part of the academic program at the School and agrees that such testing may be administered as necessary provided that the School gives the Parent no less than 48 hours notice of such testing. In the event that the Parent refuses to arrange for the diagnostic testing of the student as recommended by the School the School may suspend or expel the Student from the School and treat the Parent as being in breach of this Enrollment Agreement.

7. Inability to Benefit from Education Program: In the event that the School determines, acting in its own discretion, that the Student is unable to adequately benefit from the education program offered by the School the School may terminate this Enrollment Agreement and de-enrol the student from the School.

8. Field Trip Expenses: The Parent acknowledges that the Student may have the option to participate in supervised trips away from the School ("Field Trips") to take advantage of the cultural, natural and other resources of China as part of the regular academic program and agrees to allow the Student to do so. The Parent acknowledges that there may be out-of-pocket expenses associated with Field Trips and agrees to pay the same. School staff and/or other responsible adults will supervise all Field Trips.

9. Publication of Contact Information: The Parent agrees to allow the School to publish the Student's name, grade and email address and the name and email address of the Parent in School directory(ies) unless the Parent has expressly indicated their unwillingness to do so by initialing the statement to that effect below.

\_\_\_\_\_ I do not agree to the publication of the Student's name, grade and email address.

\_\_\_\_\_ I do not agree to the publication of the Student's email address.

\_\_\_\_\_ I do not agree to the publication of the Parent's name and email address.

10. Publication of Student Images: The Parent agrees to allow the School to publish images of the Student for the purposes of School promotions.

11. Use of Email: The Parent agrees that the School may distribute School announcements and updates to the Parent at the email address provided by the Parent.

12. Substance Abuse: The Parent agrees that the School may search the person and effects of the Student if the School has reasonable grounds to believe that the Student is using, distributing or is in possession of illegal substances. The Parent acknowledges that the School may seek the permission of the Parent to test the Student for the presence of illegal substances and agrees that in the event that the Parent does not provide such consent the School may suspend or expel the Student from the School and treat the Parent as being in breach of this Enrollment Agreement.

13. School Rules and Regulations: The Parent acknowledges having read and understood the School "Handbook for Students and Parents", available on-line at [www.cisb.com.cn](http://www.cisb.com.cn) or otherwise provided to the Parent or Student, and agrees to follow all the stated rules and regulations and to fulfill the Parent's responsibilities.

14. Indemnification and Release: The Parent, on behalf of the Parent and the Student, hereby agrees to release, indemnify and hold harmless the School, its officers, directors, principals, employees and agents from any and all claims and damages arising from the enrollment, attendance, participation, withdrawal or expulsion from School programs of the Student, including but not limited to participation in school and after-school activities, bus program, field trips, sports programs and recess, and resulting in any manner from the Student's presence on or off the School property.

15. Responsibility for Legal Status of the Student/Parents: The Parent acknowledges that the School is not responsible for obtaining a visa, residence permit or any other licences or permits that may be required by the Chinese authorities for the purpose of the Student legally residing in China and studying at the School and agrees to obtain and maintain valid legal status of the Student and Parents for this purpose while the Student is enrolled at the School. The Parent(s) represent that they are the legal parent(s) of the student and that at least one of them is a citizen of a country other than the P.R. of China or is a holder of a legal permanent residence status in a country other than the P.R. of China.

16. Full and Honest Disclosure: The Parent acknowledges that the School will make the decision to admit the Student and to allow the Student to remain enrolled in the School in reliance on the completeness and accuracy of all information provided by the Parent to the School and certifies that all information provided or to be provided to the School is or will be complete and accurate. The Parent further agrees that in the event that any of the information provided by the Parent to the School is found to be incomplete or inaccurate the School may suspend or expel the Student from the School and treat the Parent as being in breach of this Enrollment Agreement.

17. This Enrollment Agreement will become effective only upon acceptance by the School, which shall be acknowledged by the School returning a written acceptance letter (the "Acceptance Letter") to the Parent. This Enrollment Agreement and the Acceptance Letter shall be taken together as constituting the entire contract between the Parent and the School.

Signature of Parent or Guardian/Date (dd/mm/yyyy):

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

# PART C: HEALTH QUESTIONNAIRE

## Personal Information (To be Completed by the Parents)

Family/Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
学生中文姓名 (if any) : \_\_\_\_\_ Gender: **Male**  **Female**   
Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Religion (if any): \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_  
English Fluency: **Fluent**  **Fair**  **Low**  Command of Chinese: **Fluent**  **Fair**  **Low**   
Does this student have any brother or sister who is now studying, applying or planning to attend this school? **Yes**  **No**   
If "Yes", please provide us his/her name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical History (To be Completed by the Parents)

1. Please describe any medical condition or history of your child that CISB should be aware of, i.e. Epilepsy, Diabetes, Asthma, Natural Allergies, or any known Allergy to specific chemicals, medicines or substances: \_\_\_\_\_  
\_\_\_\_\_

2. Does your child take any form of medication (oral or injected) on a regular basis for any of the above? **Yes**  **No**   
If "Yes", please provide full details: \_\_\_\_\_  
\_\_\_\_\_

The school will not administer any medication without the express consent of a parent. If you wish to have medication administered to your child at school, arrangements must be made in advance and a signed Essential Routine Services and Emergency Plan must be provided. Please see the CISB Health Services Policy and appendices for further details.

3. Does your child have any vision problems? **Yes**  **No**  If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

4. When was your child's vision last checked (dd/mm/yyyy)? \_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any hearing problems? **Yes**  **No**  If "Yes" please describe: \_\_\_\_\_  
\_\_\_\_\_

6. Does your child have any speech problems? **Yes**  **No**  If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

7. Are there any special food considerations? **Yes**  **No**  If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

## Immunization Records (To be Completed by the Parents or a Physician)

School Policy requires that immunization must be current before a student will be admitted to CISB.

Note:

- Parents must provide a photocopy of the current Health Certificate/Card for the child.
- Parents must provide photocopies of the child's vaccination records.
- Immunization procedures vary from country to country. If you have any questions regarding your child's immunization, They should be discussed with your physician.
- Some vaccines are combined or given together (MMR, DPT or Td and OPV). Please enter the date in each appropriate box.
- Parents are reminded to arrange comprehensive medical & accident insurance for their children prior to attending CISB.

Type	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>Polio (TOPV*) Tpi-Oral-Polio-Vaccine</b> <i>2, 4, 6 &amp; 18 months, 4-6 years, every 10 years</i>					
<b>Diphtheria, Pertussis, Tetanus (DPT*)</b> <i>2, 4, 6 &amp; 18 months, 4-6 years, every 5-10 years</i>					
<b>Measles/Mumps/Rubella (MMR*)</b> <i>15 months; booster by age 11</i>					
<b>Tuberculosis: Vaccine (B.C.G.) or Test (PPD/Mantoux) – within one year prior to admission</b>					
<b>Hepatitis B (3 shots)</b>					

## Health History (To be Completed by the Parents or a Physician)

Check "Yes", if your child has any of the listed medical conditions and "No", if he/she does not. If "Yes", please provide date (where applicable).

	Yes	No	Date dd/mm/yyyy		Yes	No	Date dd/mm/yyyy
Attention Deficit Disorder (ADD)				Flu Vaccination			
Attention Deficit Hyperactivity Disorder (ADHD)				Glandular Fever			
Allergies to Foods				Hay Fever			
Allergies to Natural Substance				Heart Disease			
Allergies to Chemicals				Hepatitis    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Allergies to Medicines				Measles (Rubella 10 day)			
Anaemia				Mumps			
Appendectomy				Poliomyelitis			
Asthma				Rheumatic Fever			
Bone Fractures				Rubella (German Measles)			
Chicken Pox				Scarlet Fever			
Chicken Pox Vaccination				Tonsillectomy			
Ear Infections				Tuberculosis			
Eczema				Whooping Cough			
Epilepsy				Other			

In case of allergies, please specify all the known causes or triggers in details:

The undersigned Parents/Guardian of the Student hereby declare that all the information provided in this application, and to the physician conducting the physical examination of the child, relating to the child's health and & immunization history are accurate, current, truthful and complete, to the best of our knowledge.

Signature of the Parent/Guardian/Date (dd/mm/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

## Physical Examination (To be Completed by a Physician)

**Dear Parents:**

To fulfil the entrance requirements of CISB, you must consult a physician for him/her to conduct a physical examination on your child, and assist you to complete this Health Questionnaire. The Student will not be considered for admission until after this form has been returned to CISB.

**To the Physician:**

Please conduct a physical examination on the Student named below:

Family Name: \_\_\_\_\_ Given/First/Middle Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Grade at CISB: \_\_\_\_\_

Address: \_\_\_\_\_

Height		Eyes (Condition)	R	L	Thyroid	
Weight		Eyes (Vision)	R	L	Lymph Glands	
Pulse		With glasses	R	L	Heart & Circulation	
Respiration		With contact lens	R	L	Lungs	
Blood Pressure		Colour perception	R	L	Chest	
Nervous System		Ears	R	L	Abdomen	
Nutrition		Nose			Hernia	
Muscle Tone		Throat			Orthopaedic defects	
Skin		Mouth Breathing			Scoliosis check	
Scalp		Speech Defects			Menses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hair						

Additional Comments (please use a separate page if required):

**Physical Activities (Normal physical education classes, swimming and competitive sports):**

Unrestricted:  Modified:

If modified, please explain: \_\_\_\_\_

**Medication:**

Is this student taking any medication (oral or injected) on a regular basis? Yes  No

If "Yes", please explain:

**Remarks:**


## Physician's Certificate

I hereby certify that I have conducted a physical examination on \_\_\_\_\_ (name of student) and that the he/she is physically fit to attend school at Canadian International School of Beijing.

Physician's Signature/Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of Examination (dd/mm/yyyy): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

# PART D: EMERGENCY MEDICAL TREATMENT FORM

## Emergency Medical Treatment Information

In case of medical emergency, CISB staff will attempt to contact the persons indicated in the Emergency Contact Information section of this form to obtain consent for medical treatment of the student. In the event that CISB staff is unable to reach any of those contacts we will transport the Student to the preferred hospital or clinic or, if no preference is indicated below, to the nearest qualified hospital or clinic for professional medical attention.

### Preferred Hospital or Clinic Information

- I have no preferred hospital or clinic; or
- I prefer that my child be treated at the following hospital or clinic:  
 Name of Hospital or Clinic:  
 Address:  
 Patient Number:  
 Doctor's Name:

CISB reserves the right to transport your child to the nearest qualified hospital or clinic or to have your child treated by another doctor in the event that the nature of the medical emergency makes it impractical to transport your child to your preferred hospital or clinic or your preferred doctor is not available.

### Health Insurance Information

Name of Insurer: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date (dd/mm/yyyy): \_\_\_\_\_

## Emergency Contact Information

Contact Priority	First: Contact	Second: Contact	Third: Contact	Family Doctor
Full Name				
中文姓名				
Relationship to Student				
Address				
Home Phone				
Office Phone				
Mobile Phone				
Other Phone				
First Language				
English Proficiency	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>
Chinese Proficiency	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>	Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Low <input type="checkbox"/>

# Emergency Medical Treatment Authorization

**Authorization:** The Parent, on behalf of the Parent and the Student, hereby grants authorization to the School to obtain medical care in the event that the Parent is unable to give consent to any emergency medical treatment to the student. The School, its employees or agents, may and are hereby expressly authorized under such circumstances to: (i) seek medical treatment on behalf of the Student in case of emergency or other urgent circumstances; and (ii) provide information regarding the Parent's insurance policy, if any, without incurring any liability, responsibility, or other obligation for the nature, character, and extent of such medical treatment, including without limitation financial liability for the payment of expenses incurred as a result of the treatment of the Student's illness or injuries, and which the Parent hereby acknowledge may exceed the benefits provided by the Parent's insurance policy; and (iii) release personal information to health care providers for the purpose of obtaining emergency medical treatment. The Parent understands and hereby acknowledges that the School may not be able to contact the Parent to approve or obtain consent to the Student's medical treatment. The Parent further understands and hereby acknowledges that any liability of the School arising from or out of its request for or consent to medical treatment necessitated by the Student's illness or injury is specifically included within the releases given below.

**Indemnification, Release and Undertaking to Reimburse:** The Parent, on behalf of the Parent and the Student, hereby agree to release, indemnify and hold harmless the School, its officers, directors, principals, employees and agents from any and all expenses, claims and damages arising from the provision of emergency medical treatment to the Student and undertakes to reimburse the School for any expenses incurred by the School in association with the provision of such treatment.

Signature of Parent/Guardian/Date (dd/mm/yyyy):

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



The Canadian International School of Beijing  
develops the whole child, in an environmentally sensitive school within a kind, caring community to  
become citizens of the world

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38 Liangmaqiao Lu, Chaoyang District, Beijing, 100016, P R China  
Office Tel: (86-10) 6465-7788 Office Fax: (86-10) 6465-7789  
Website: [www.cisb.com.cn](http://www.cisb.com.cn)

## 2008/2009 CISB Fee Schedule

CISB Fee Structure					
Grades	Application Fee	Tuition Annual Fee	Meal Plan	Bus Annual Fee	ESOL Annual Fee
Montessori Infant/Toddler Half Day (3 hours)	1,600 RMB / 220 USD	59,900 RMB	no lunch provided	-	0
Montessori Infant/Toddler Half Day (4 ½ hours)	1,600 RMB / 220 USD	69,600 RMB	*	-	0
Montessori Infant/Toddler Full Day (7 hours)	1,600 RMB / 220 USD	96,300 RMB	*	-	0
Montessori Primary Half Day (4 ½ hours)	1,600 RMB / 220 USD	74,900 RMB	*	please refer to the Bus Schedule document	0
Pre- Elementary Montessori Primary Full Day (7 hours)	1,600 RMB / 220 USD	102,700 RMB	*	please refer to the Bus Schedule document	0
Elementary Grades 1 ~ 5	1,600 RMB / 220 USD	131,800 RMB	** Smartcard system	please refer to the Bus Schedule document	<b>Grades 2 ~ 10</b> <ul style="list-style-type: none"> <li>• Beginning: 5,200 RMB</li> <li>• Intermediate: 3,500 RMB</li> <li>• Intensive ESOL Beginning: 5,200 RMB</li> <li>• Intensive ESOL Intermediate: 3,500 RMB</li> </ul>
Middle Grades ***6 ~ 8	1,600 RMB / 220 USD	132,700 RMB	** Smartcard system	please refer to the Bus Schedule document	
High Grades ***9 ~ 12	1,600 RMB / 220 USD	142,100 RMB	** Smartcard system	please refer to the Bus Schedule document	
<b>Due Dates (Returning Students)</b>	10,000 RMB Deposit Fee (April 30, 2008)	before July 1, 2008	-	before July 1, 2008, if applicable	before July 1, 2008, if applicable
<b>Due Dates (New Students)</b>	Application Fee must be submitted with Application Form	all fees must be paid immediately following receipt of Acceptance Letter and Invoice	-	with Tuition, If applicable	with Tuition, if applicable

\* Meals are included in tuition

\*\* Students must make deposits to a smartcard, which can then be used to purchase meals in the School cafeteria

\*\*\* Boarding is available, for Grades 7 and above, at 60,000RMB per year

## 2008/2009 Refund Policy and Schedule

- **100%** of the Tuition Annual Fee, less a 5% service fee, will be refunded if written notice of withdrawal is received **by May 15, 2008**.
- **50%** of the Tuition Annual Fee, less a 5% service fee, will be refunded if written notice of withdrawal is received **between May 16, 2008 and November 28, 2008**.
- **No refund** will be given if notice of withdrawal is received **after November 28, 2008**.
- The Application Fee & ESOL Annual Fee, if applicable, are non-refundable.
- 100% of the Uniform Fee will be refunded if written notice of withdrawal is received on or before September 1, 2008, provided that the uniform has not been worn.
- The Bus Annual Fee, if applicable, will be refunded on a pro-rata basis, based upon a 10 month year, with a part month of attendance being considered a full month for the purpose of calculating the amount of any refund. A one-month written notice must be received for the refund to be considered.



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38 Liangmaqiao Lu, Chaoyang District, Beijing, 100016, P R China  
Office Tel: (86-10) 6465-7788 Office Fax: (86-10) 6465-7789  
Website: [www.cisb.com.cn](http://www.cisb.com.cn)

# CISB School Calendar 2008/2009

								180 School Days	Holiday	Weekend
	SUN	MON	TUE	WED	THU	FRI	SAT			
AUG						1	2			
	3	4	5	6	7	8	9			
	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23			
	24	25	26	27	28	29	30	26~29- Teacher Orientation		
	31									
SEP		1	2	3	4	5	6	1- First School Day for Students / Montessori Student Phase-in		
	7	8	9	10	11	12	13			
	14	15	16	17	18	19	20	15- Mid-Autumn Festival Holiday; 18- Open House (7~9pm) / Talent Showcase		
	21	22	23	24	25	26	27	26- Terry Fox Run (Tentative)		
	28	29	30					29~30- National Day Holiday		
OCT				1	2	3	4	1~3- National Day Holiday		
	5	6	7	8	9	10	11	6- Classes Resume		
	12	13	14	15	16	17	18	14- Literacy Night; 17- Sports Day		
	19	20	21	22	23	24	25			
	26	27	28	29	30	31		27- Marks due; 30- Social (grades 6~12); 31- Halloween Activities/Assembly		
								31- Progress Reports sent home to parents		
NOV							1			
	2	3	4	5	6	7	8	6- Parent Teacher Evening (6-9pm); 7- Parent Teacher Day (9am~4pm), no school for students		
	9	10	11	12	13	14	15	7- Montessori Professional Development Day, no school for Montessori students		
	16	17	18	19	20	21	22	18- Literacy Night; 17~28- Montessori Parent Observation Weeks		
	23	24	25	26	27	28	29	27- Social (grades 6~12); 28- Assembly, Montessori report cards sent home to parents		
	30									
DEC		1	2	3	4	5	6	1~5- Montessori Parent Teacher conference 3:30~5:30pm		
	7	8	9	10	11	12	13			
	14	15	16	17	18	19	20	15- Marks due (grades 1~5); 17- Winter Concert; 19- Report Cards sent home to parents (grades 1~5)		
	21	22	23	24	25	26	27	22~31- Winter Holiday Break		
	28	29	30	31						
JAN					1	2	3	1~2- Winter Holiday Break		
	4	5	6	7	8	9	10	5- Class Resume		
	11	12	13	14	15	16	17	13- Literacy Night		
	18	19	20	21	22	23	24	19~23- Examinations (grades 9~12)		
	25	26	27	28	29	30	31	26~30- Chinese New Year Holiday		
FEB	1	2	3	4	5	6	7	2~6- Chinese New Year Holiday		
	8	9	10	11	12	13	14	9- Class Resume, Second Semester begins; 10- Marks due (grades 6~12); 13- Report Cards sent home		
	15	16	17	18	19	20	21	16~20- Winter Carnivals		
	22	23	24	25	26	27	28			
MAR	1	2	3	4	5	6	7	5- English Oratoricals		
	8	9	10	11	12	13	14	10- Literacy Night; 12- Chess Tournament; 13- Phi Day		
	15	16	17	18	19	20	21			
	22	23	24	25	26	27	28	26- Social (grades 6~12)		
	29	30	31							
APR				1	2	3	4	3- Marks due (grades 1~12);		
	5	6	7	8	9	10	11	6- Qingming Festival Holiday; 10- Report Cards sent home to parents		
	12	13	14	15	16	17	18	14- Literacy Night; 16- Parent Teacher Night (6~9pm); 17- Parent Teacher Day (9am~4pm), no school for students		
	19	20	21	22	23	24	25	17- Montessori Teacher Professional Day, no school for Montessori students		
	26	27	28	29	30			23- Science Fair (grades 6~12), Multicultural Fair (K~5); 30- Assembly		
MAY						1	2	1- May Day Holiday		
	3	4	5	6	7	8	9			
	10	11	12	13	14	15	16	14- Social (grades 6~12), Spelling Bee; 15- Track & Field; 14~27- Montessori Parent Observation weeks		
	17	18	19	20	21	22	23	18- Turnaround Awards, Mandarin Oratorical presentation; 19- Literacy Night; 21- Fine Arts, Summer Concert		
	24	25	26	27	28	29	30	27- Assembly, Montessori Report Card sent home to parents; 28~29- Dragon Boat Festival Holiday		
	31									
JUN		1	2	3	4	5	6	5- Last day for high school assessment; 1~5- Montessori Parent Teacher Conference 3:30~5:30pm		
	7	8	9	10	11	12	13	8~12- Examinations (grades 9~12); 12- Last day for Elementary/Middle School assessment		
	14	15	16	17	18	19	20	15- Marks due; 17- Awards Assembly; 18- Grade 12 Graduation, Montessori Graduation		
	21	22	23	24	25	26	27	19- Assembly, Report Card Day, Last day of school for students; 22~23- Administration Day		
	28	29	30							