



SHU REN INTERNATIONAL SCHOOL
1333 UNIVERSITY AVENUE
BERKELEY, CA 94702
WWW.SHURENINTERNATIONALSCHOOL.COM
PHONE (510) 981 - 0320

APPLICATION FORM

APPLICANT'S INFORMATION

Applying for: Pre-K Full-time Pre-K 5 half-days
 K Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Applicant's Name _____
FIRST NAME MIDDLE NAME LAST NAME NAME USED IN SCHOOL

Gender: M F Date of Birth _____ Citizenship _____ Birthplace _____
MM / DD / YY

Home Address _____
NUMBER AND STREET CITY
STATE ZIP Home Telephone _____

Home Language (check all that apply): English Mandarin Other Chinese Dialects (specify) _____
 Other Languages (specify) _____

Race/Ethnicity (Optional – check all that apply): White Black or African American Hispanic or Latino
 Asian, Pacific Islander Others (specify) _____

APPLICANT'S SCHOOL HISTORY

Current School _____

Dates of Attendance From _____ to _____ Current Grade _____
MM / YY MM / YY

School Address _____
NUMBER AND STREET CITY
STATE ZIP School Telephone _____

Name of Current Teacher _____

Previous School _____
SCHOOL NAME CITY / STATE DATES ATTENDED

SIBLING INFORMATION

Number of Siblings: _____

Does the applicant have a sibling who is also applying to Shu Ren? Yes No

Provide the following information on all siblings of the applicant (attach additional sheets if necessary):

Sibling's name: _____ Gender: M F Date of Birth: _____
MM / DD / YY

Current School: _____
SCHOOL NAME CITY / STATE DATES ATTENDED

Sibling's name: _____ Gender: M F Date of Birth: _____
MM / DD / YY

Current School: _____
SCHOOL NAME CITY / STATE DATES ATTENDED

PARENT / LEGAL GUARDIAN INFORMATION

Parents are: married separated divorced partners, not married
 single parent mother or father deceased

Applicant live with: both parents mother father guardian other (specify) _____

If divorced: Are parent(s) remarried? both are remarried neither is remarried
 mother is remarried father is remarried

If divorced or separated: The School should communicate with: both parents mother only father only

Parent / Guardian 1

Check one: Mr. Mrs. Ms. Miss Dr. Other Relationship to applicant _____

Name _____
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Citizenship _____ Birthplace _____

Religion (Optional): _____ Ethnicity (Optional): _____

Secondary school attended: _____

College/University attended: _____

Occupation _____ Employer _____ Title _____

E-MAIL WORK PHONE MOBILE PHONE

Native Language (check all that apply): English Mandarin Other Chinese Dialects (specify) _____

Other Languages (specify) _____

Parent / Guardian 2

Check one: Mr. Mrs. Ms. Miss Dr. Other Relationship to applicant _____

Name _____
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Citizenship _____ Birthplace _____

Religion (Optional): _____ Ethnicity (Optional): _____

Secondary school attended: _____

College/University attended: _____

Occupation _____ Employer _____ Title _____

_____ E-MAIL WORK PHONE MOBILE PHONE

Native Language (check all that apply): English Mandarin Other Chinese Dialects (specify) _____
 Other Languages (specify) _____

GRANDPARENT(S) INFORMATION (attach additional sheets if necessary)

Grandparent 1

Name _____
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address _____
NUMBER AND STREET CITY

_____ STATE ZIP Home Telephone _____

Native Language (check all that apply): English Mandarin Other Chinese Dialects (specify) _____
 Other Languages (specify) _____

Grandparent 2

Name _____
FIRST NAME MIDDLE NAME LAST NAME SUFFIX

Home Address _____
NUMBER AND STREET CITY

_____ STATE ZIP Home Telephone _____

Native Language (check all that apply): English Mandarin Other Chinese Dialects (specify) _____
 Other Languages (specify) _____

APPLICANT EVALUATION

Please tell us why you would like your child to attend Shu Ren.

Please tell us about your child's Chinese level. In addition, please share with us your child's exposure to Chinese culture such as music, arts, and so on.

Please describe your expectations in your child's education. That is, what kind of education do you want your child to receive?

Please describe your child's strengths, challenges, and special interests.

Please describe your child's health.

Does your child have any specific health issues, allergies, learning disabilities that would limit his/her participation in the full range of school activities?

Is your child currently under the care of a physician, psychiatrist, psychologist, or therapist? Yes No
If so, describe briefly.

Has your child had an education/psychological evaluation? Yes No

If yes, are you willing to share a copy of the results? Yes No

Is there anything else you would like us to know about your child? (Use a separate sheet if necessary.)

How did you learn about Shu Ren?

PERSONS FINANCIALLY RESPONSIBLE

Person 1 _____
FIRST NAME MIDDLE NAME LAST NAME

HOME PHONE WORK PHONE MOBILE PHONE

Person 2 _____
FIRST NAME MIDDLE NAME LAST NAME

HOME PHONE WORK PHONE MOBILE PHONE

Billing Address _____
NUMBER AND STREET CITY

STATE ZIP

Disabled applicants (or disabled family members of applicants) requiring any type of accommodations during the application process or otherwise are encouraged to identify themselves and indicate what type of accommodations are needed.

Signatures of parent(s) or guardian(s) _____ Date _____

_____ Date _____

- ✓ **Please submit this application with the application fee of \$75 (Check or Money Order) to Shu Ren International School at the address at the top of the form.** Late applications are considered as space allows.
- ✓ Please contact the School for information on financial assistance programs.
- ✓ Shu Ren International School is committed to the principle of equal opportunity in education. The School does not discriminate against individuals on the basis of race, color, religion, gender, sexual orientation, national or ethnic origin in the administration of its educational policies, admission policies, financial assistance programs, and other School administered programs and activities.