

DATE OF APPLICATION 申请日期 _____

STUDENT INFORMATION 学生信息

Name 姓名		Gender 性别		Grade 年级	
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PARENT TO CONTACT IN THE EVENT OF AN EMERGENCY 紧急情况下家长联络方式

Father 父亲 or 或 mother 母亲

Name 姓名		Passport country /language 护照国家	
Employer 工作单位		Work phone # 工作单位电话	
Home Phone # 宅电		Cell phone # 手机电话	

NON-PARENT EMERGENCY CONTACT 除家长外的紧急联络人联系方式

Name 姓名		Cell phone # 手机号码	
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Detailed pick up address including building number and gate number if applicable. Print in Chinese if possible.
详细地址（包括门牌号），如果方便，请用中文填写。

Waiver and release: Shenyang International School and its employees are hereby released and forever discharged and held harmless from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the participation by the above-named student in the SYIS bussing program.

免责声明：沈阳国际学校及其雇员对上面所列学生由于乘坐校车可能发生的任何形式的索赔或类似要求，不承担任何法律意义上的相关责任和义务。

Name of Parent/Guardian 父母/监护人姓名 _____

Signature 签名 _____ Date 日期 _____

OFFICE USE ONLY

Application Date _____ Bus Route _____ Finance _____