**Jenison High School**

**International Student Application and Checklist**

**Jenison**

**高中国际学生申请及清单**

|  |  |
| --- | --- |
| **Student Name:学生姓名** |       |

# Application Checklist

**申请清单**

|  |  |
| --- | --- |
| [ ]  | Student Information, page 2学生信息，第2页 |
| [ ]  | Host family placement information, pages 3-6寄宿家庭安置信息，第3-6页 |
| [ ]  | Education History, page 7 (also attach the documents listed below)教育背景，第7页（并且附上以下文件） |
| [ ]  | Transcript **or** certified true copy of report card for previous two years近两年成绩单或经核查核证真实的成绩表副本 |
| [ ]  | English Teacher’s Recommendation, template on pages 8-9英语老师推荐信，附件在第8-9页 |
| [ ]  | Statement of Health & Immunizations, pages 10-14健康及免疫接种状况，第10-14页 |
| [ ]  | Medical Release and Consent to Treat, page 15个人健康状况，治疗同意书，第15页 |
| [ ]  | Injury & Sickness Insurance Plans, pages 16-20伤害及疾病保险计划，第16-20页 |
| [ ]  | Parent Agreement, pages 21-32父母同意书，第21-32页 |
| [ ]  | Copy of Passport Photo (please attach)护照照片副本（请附上）  |

# Student Information 学生信息

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name:姓氏： |       | First Name:名：  |       |
| English Name:英文名： |       | Grade Level to enter:进入年级： |       |
| Date of Birth:出生日期： |       (mm/dd/yy) | Age:年龄 |       | Gender:性别： | [ ] F女[ ] M男 |
| Address:地址： |       |
| City：城市： |       | Province:省份： |       |
| Postal Code:邮编： |       | Country:国家： |       |
| Email:邮箱: |       | Cell Phone:手机号码： |       |
| Citizenship:国籍： |       | Passport Number:护照号码： |       |

# Family Information 家庭信息

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Last Name:父亲姓氏： |       | First Name:名： |       |
| Occupation:职业：  |       | Lives with student?是否与学生一同居住 | [ ]  Yes 是 [ ]  No 否 |
| Phone:电话： |       | Email:邮箱: |       |
| Mother’s Last Name:母亲姓氏： |       | First Name:名： |       |
| Occupation:职业：  |       | Lives with student?是否与学生一同居住 | [ ]  Yes 是 [ ]  No 否 |
| Phone:电话： |       | Email:邮箱: |       |
| Parents are:父母： | [ ]  Married已婚 [ ]  Separated分居 [ ]  Divorced离婚 [ ]  Other其他      |
| Other Family Members其他家庭成员 | Name 姓名 | Gender性别 | Age年龄 | Relationship关系 |
|       | [ ] F女 [ ] M男 |       |       |
|       | [ ] F女 [ ] M男 |       |       |

# Emergency Contact 紧急联系

|  |
| --- |
| Name one person we can contact if we cannot reach your parents列出一名在联系不到父母时我方能够联系的人 |
| Name:名字： |      Mary Gao-Rotman | Phone Number:电话号码： |      616 2284495 |
| Cell Number:手机号码： |      616-6062388 | Email:邮箱: | marygao@rottech.org |
| Relationship:关系： |      Guardian | Can this person speak English?此人是否会讲英语 | [ ]  Yes 是[ ]  No 否 |

# Host Family Placement Information 寄宿家庭安置信息

## Family Environment 家庭环境

|  |  |  |
| --- | --- | --- |
| **Faith****信仰** | Religious Affiliation/Denomination:宗教信仰/教派： |       |
| Religious Participation: 宗教参与：  | [ ]  Regular定期 [ ]  Occasional偶尔 [ ]  Never从不 |
| Describe activities at Church you participate in:描述您参加教堂活动的情况： |       |
| How would you like to continue participation in a church while in the U.S.?您到美国后愿意继续参加教堂活动吗？ | [ ]  Very actively非常积极 [ ]  Weekly每周一次[ ]  Occasional 偶尔 [ ]  Never从不 |
| **Household****家庭** | Do you have any animals/pets?您养动物/宠物吗？ | [ ]  Yes是 [ ]  No 否 |
| Do you like animals/pets?您喜欢动物/宠物吗？ | [ ]  Yes是[ ]  No 否 | Would you live in a home with pets?您愿意与养宠物的家庭共同居住吗？ | [ ]  Yes是[ ]  No 否 |
| Does anyone in your home smoke?您家有吸烟者吗？ | [ ]  Yes是[ ]  No 否 | Would you live in a home with smokers?您愿意与有吸烟者的家庭共同居住吗？ | [ ]  Yes是[ ]  No 否 |
| Do you agree not to smoke or drink while attending Jenison High School?您是否同意进入Jenison高中期间不吸烟饮酒吗？ | [ ]  Yes是[ ]  No 否 |
| Have you ever lived away from your family? 您曾离开过家庭生活吗？ | [ ]  Yes是 [ ]  No 否 |

|  |
| --- |
| Check the B for the five words that best describe your family, and check the L for those that least describe your family:在最能恰当描述您家庭的五个词语上**选B**，在最不能恰当描述您家庭的五个词语上**选L**： |
| Warm温暖 | [ ]  B [ ]  L | Political政治 | [ ]  B [ ]  L | Open开放 | [ ]  B [ ]  L |
| Formal正式 | [ ]  B [ ]  L | Religious宗教 | [ ]  B [ ]  L | Disciplined纪律 | [ ]  B [ ]  L |
| Orderly有序 | [ ]  B [ ]  L | Strict 严格 | [ ]  B [ ]  L | Inflexible刻板 | [ ]  B [ ]  L |
| Protective保护 | [ ]  B [ ]  L | Indifferent冷漠 | [ ]  B [ ]  L | Tolerant宽容 | [ ]  B [ ]  L |
| Happy快乐 | [ ]  B [ ]  L | Demanding控制 | [ ]  B [ ]  L | Intellectual智慧 | [ ]  B [ ]  L |
| United团结 | [ ]  B [ ]  L | Active活跃 | [ ]  B [ ]  L | Informal 不拘礼节 | [ ]  B [ ]  L |
| Serious严肃 | [ ]  B [ ]  L | Reserved克制 | [ ]  B [ ]  L | Conservative保守 | [ ]  B [ ]  L |

## Student Personality 学生性格

|  |
| --- |
| **Check the B** for the words that **best** describe you, and **check the L** for those that **least** describe you:在最能恰当描述您的词语上**选B**，在最不能恰当描述您的词语上**选L**： |
| Sociable爱社交 | [ ]  B [ ]  L | Sensitive敏感 | [ ]  B [ ]  L | Warm温暖 | [ ]  B [ ]  L |
| Serious严肃 | [ ]  B [ ]  L | Insecure不稳定 | [ ]  B [ ]  L | Optimistic乐观 | [ ]  B [ ]  L |
| Quick-tempered急脾气 | [ ]  B [ ]  L | Adaptable适应 | [ ]  B [ ]  L | Open开发 | [ ]  B [ ]  L |
| Quiet安静 | [ ]  B [ ]  L | Friendly友好 | [ ]  B [ ]  L | Shy害羞 | [ ]  B [ ]  L |
| Polite礼貌 | [ ]  B [ ]  L | Spontaneous冲动 | [ ]  B [ ]  L | Dependent依赖 | [ ]  B [ ]  L |
| Responsible责任感强 | [ ]  B [ ]  L | Mature成熟 | [ ]  B [ ]  L | Sense of Humor幽默 | [ ]  B [ ]  L |
| Neat干净 | [ ]  B [ ]  L | Emotional感性 | [ ]  B [ ]  L | Athletic运动 | [ ]  B [ ]  L |

## Student Interests 学生兴趣

|  |  |
| --- | --- |
| What do you like to do in your free time?您空闲时间喜欢做什么？ |       |
| What sports or school activities would you like to participate in?您喜欢参加什么运动或学校活动？ |       |
| Use the following code to number **only** the activities that you are interested in用以下代码标明您感兴趣的活动 |
| 1 = Currently Active 1 = 当前活跃 2 = Would Like to Experience 2 = 愿意参与 |
|       | Computer电脑 |       | Museum博物馆 |       | Swimming游泳 |       | Hunting狩猎 |
|       | Photography摄影 |       | Poetry诗歌 |       | Badminton羽毛球 |       | Fishing钓鱼 |
|       | Volunteer Work志愿活动 |       | Theatre剧院 |       | Volleyball排球 |       | Sailing航海 |
|       | Sewing缝纫 |       | Watching TV看电视 |       | Golf高尔夫球 |       | Camping露营 |
|       | Playing Cards打牌 |       | Cooking厨艺 |       | Tennis网球 |       | Hiking徒步旅行 |
|       | Painting绘画 |       | Social Dance交际舞 |       | Football足球 |       | Martial Arts武术 |
|       | Gardening园艺 |       | Movies电影 |       | Basketball篮球 |       | Aerobic Exercise有氧运动 |
|       | Indoor Games室内游戏 |       | Woodworking木工 |       | Skiing滑冰 |       | Weight Lifting举重 |
|       | Stage Performance舞台表演 |       | School Club校俱乐部 |       | Cycling自行车 |       | Gymnastics体操 |
|       | Choir合唱 |       | Ballet芭蕾 |       | Baseball棒球 |       | Horseback riding马术 |
|       | Politics政治 |       | Reading阅读 |       | Ice Hockey冰球 |       | Instruments:乐器：      |
|       | Babysitting婴儿看护 |       | Concerts音乐会 |       | Soccer英式足球 |       | Music Type:音乐类型：      |
|       | Listening to Music听音乐 |       | Arts/Crafts艺术/工艺 |       | Track&Field田径 |       | Other:其他：       |

## Parent Letter 家长信

Please write a letter of introduction to your child’s host family; additional space may be used.

请向您孩子的寄宿家庭写一封介绍信，可使用额外空间。

|  |
| --- |
|       |

## Student Letter 学生信

Please write a letter of introduction to your host family; additional space may be used.

请向您的寄宿家庭写一封介绍信，可使用额外空间。

|  |
| --- |
|       |

## Photo Album 相册

Please enclose 1-2 pages of colored photos of you, your family, home and community. Please describe each photo.

请附上1-2页您、您家人、家庭和社区的彩色照片，请对每张照片进行描述。

**Education Documents 教育文件**

|  |
| --- |
| Please submit a copy of the following documents:请上交以下文件的副本： |
| [ ]   | Transcripts or certified true copies of report cards from my previous two years of education in my home country.近两年在母国接受教育的成绩单或经核查核证真实的成绩表副本 |
| [ ]   | English Teacher’s Recommendation (attached form on pages 9-11)英语老师推荐信（附件在第9-11页） |

## Education History 教育经历

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Currently Enrolled In: 现学校： |       | City:城市 |       | Grade:年级： |       |
| Contact person at school:学校联系人： |  | Phone:电话： |  |
| Number of years of English Instruction:英语学习时长： |       | Proficiency:熟练程度： | [ ]  Average一般 [ ] Good良好 [ ] Excellent精通 |
| First Language is:第一语言： |       | My Second Language Is:第二语言： |       |
| Have you ever been diagnosed with a specific learning disability or ADHD?您曾被诊断患有特殊学校障碍或注意缺陷多动障碍吗？ | [ ]  Yes是 [ ]  No 否 |
| If yes, please explain:如果是，请解释： |       |
| Have you had any behavioral issues (including sexual impropriety) either at school or in the community?您在学校内外曾有过行为问题（包括性行为不当）？吗 |
| [ ]  Yes是[ ]  No 否 | If yes, pleasedescribe: 如果是，请描述： |       |
| Have you ever been expelled from a school?您曾被学校开除吗？ | [ ]  Yes是 [ ]  No 否 |
| If yes, please describe:如果是，请描述： |       |
| Have you ever lived or traveled outside your country?您曾到国外居住或旅行吗？ | [ ]  Yes是 [ ]  No 否 |
| If yes, please describe:如果是，请描述： |       |

# English Teacher Recommendation (to be completed by English Teacher)

**英语老师推荐表（由英语老师完成）**

|  |  |
| --- | --- |
| Student name:学生姓名 |  |
| How long have you known the student?您认识该生多久了？ |       years年 |       months月 |
| How long have you had the student as an English language student?您教该生英语多久了？ |       years年 |       months月 |
| Please comment on the student’s skills for each section of this evaluation in order for it to be complete.请在此评测中的每一部分对学生能力做出评价 |
| Reading Comprehension: Give an American newspaper or magazine article of at least five paragraphs.阅读理解：对于至少五个段落的美国报纸或杂志文章 |
| [ ]  | Excellent优秀 | Understands and explains its meaning clearly and completely. Understands at least 9 out of every 10 words.清晰和完整地理解与解释文章意思;每10个单词中至少理解9个单词 |
| [ ]  | Good良好 | Understands most of its meaning. Understands 7-8 out of every 10 words.理解大部分意思，每10个单词中理解7-8个单词 |
| [ ]  | Fair中等 | Understands the basic vocabulary and explains the basic idea of the article. Understands 5-6 out of every 10 words.理解基本词汇并解释文章的基本观点，每10个单词中理解5-6个单词 |
| [ ]  | Poor差 | Understands only the simplest words and can explain little or none of the article’s meaning. Understands 1-4 out of every 10 words.仅理解最简单的单词，不能或很小程度地解释文章意思，每10个单词中理解1-4个单词 |
| Please explain your rationale for the above rating in the space below. 请在下面空格处列出上述评分的依据。 |
|       |
| Writing: When asked to write a short essay stating an opinion about his or her school, town, religious experience, political view, sports interests, he or she:写作：当要求写一篇小论文陈述对学校、城镇、宗教经验、政治观点、运动兴趣的观点时，他/她： |
| [ ]  | Excellent优秀 | Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary.近乎流利的写作，能够使用长句、抽象术语，词汇量丰富 |
| [ ]  | Good良好 | Uses good vocabulary. Writes lengthy and sensible sentences. Sometimes uses irregular grammar, but meaning is clear.词汇量良好，语句长且合理，偶有语法错误，但表意清晰 |
| [ ]  | Fair中等 | Can make only simple sentences using limited or basic vocabulary.句子简单，词汇量有限或仅使用基本单词 |
| [ ]  | Poor差 | Writes incomplete, short or basic sentences, using only limited vocabulary.使用不完整、短小或基本句子，词汇量极为有限 |
| **Please explain your rationale for the above rating in the space below. 请在下面空格处列出上述评分的依据。** |
|  |
| **Speaking and Understanding Conversation:** After engaging the student in at least 15 minutes of active English conversation using both abstract terms and idiomatic phrases, rate the student’s ability to speak and understand English conversation.**口语及对话理解：**与学生进行至少15分钟的包含抽象术语和习语的英文对话后，对该生口语及理解英文对话能力进行评分。 |
| [ ]  | 10 | Absolute proficiency in English. The student is able to both understand and converse using sophisticated vocabulary and clear, correct sentence structure.英语极为精通。该生能够理解并使用复杂词语及清晰正确的句式交谈。 |
| [ ]  | 9 | Student is nearly fluent. Uses near-perfect sentence structure. Can understand and respond to difficult questions. English language knowledge includes abstract terms.英语近乎流利，使用近似完美的句式，能够理解并对疑难问题做出回答，掌握抽象术语。 |
| [ ]  | 8 | English responses, although not perfect, come naturally. Has a very good vocabulary and understands almost everything. Can respond intelligently, but needs practice.英语应答虽不完美但很自然，词汇量良好且几乎理解全部意思，应答巧妙但需练习。 |
| [ ]  | 7 | Student can understand most conversation. Speaking ability is good, but needs practice. Student can go beyond basic responses and elaborate thoughts. Knows many words. 能够理解大部分对话，口语良好但需练习，能够超越基本作答并能够详尽解释观念，词汇量大。Student understands basic English. Vocabulary includes most common terms. Thinks quickly, however it is evident that h or she is translating. Makes mistakes, but is understandable.  |
| [ ]  | 6 | 理解基本英语，词汇量主要限于常用术语；思考迅速，但需要在脑海中翻译的过程；表意尽管会犯错但能够被理解. |
| [ ]  | 5 | Student can understand much more than he or she can communicate, but tries. Can respond in sentence form even if grammar and structure are not perfect. Student is understandable.该生理解水平大大超过交流水平，但努力尝试交流；能够以句子形式作答，尽管语法和句式不完美；表意可被理解。 |
| [ ]  | 4 | Student evidently understands basic English sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. 该生能够理解基本英语句子，仅能以单词或短语应答；语法和句子结构差，但表意可被理解。  |
| [ ]  | 3 | Student understands words or phrases, but not complete sentences. Speaking ability is limited to a few words or phrases. 能够理解单词或短语，但无法理解句子，口语仅限于部分单词或短语。 |
| [ ]  | 2 | Student understands a few words, but has little or no ability to communicate beyond a few words. Student even refuses to use English.理解部分单词，但不能或很少进行超越单词水平的交流，甚至拒绝使用英语。 |
| [ ]  | 1 | Student is unable to understand conversation and knows little or no English.该生不能理解对话，知道很少的英语或不懂英语。 |
| **Please comment on the student’s motivation and study habits in the space below.****请在下面空格处评价学生的积极性和学习习惯。** |
|       |
| Teacher’s Name:教师姓名 |       | Name of School:学校名称 |       |
| Teacher’s Signature:教师签字 |  | Date:日期 |       |

# Statement of Health (to be completed by Physician in English, after April 15)

**健康状况（4月15日后由医生以英文填写）**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name:患者姓名： |       | Date of Birth:出生日期： |       |
| Home Address:家庭住址： |       |
| Phone Number:电话号码： |       | Sex: [ ]  Male男性别： [ ]  Female女 |
| Height:身高： |       | Weight:体重：      |  |

|  |
| --- |
| **Illness History 病史** |
| Indicate whether the patient has ever had any of the following, and provide dates of illness. Please provide detailed information regarding the illness in the space below.写明患者是否曾患有如下疾病，并注明得病日期。请在下方空格处提供与疾病相关的详细信息。 |
|  | **Yes****是** | **No****否** | **Date****日期** |  | **Yes****是** | **No****否** | **Date****日期** |
| Allergies过敏 | [ ]  | [ ]  |       | Malaria疟疾 | [ ]  | [ ]  |       |
| Anorexia厌食 | [ ]  | [ ]  |       | Measles麻疹 | [ ]  | [ ]  |       |
| Anxiety焦虑 | [ ]  | [ ]  |       | Migraines偏头痛 | [ ]  | [ ]  |       |
| Appendicitis阑尾炎 | [ ]  | [ ]  |       | Mumps流行性腮腺炎 | [ ]  | [ ]  |       |
| Asthma哮喘 | [ ]  | [ ]  |       | Parasites寄生虫 | [ ]  | [ ]  |       |
| Bulimia暴食 | [ ]  | [ ]  |       | Pneumonia肺炎 | [ ]  | [ ]  |       |
| Chicken Pox水痘 | [ ]  | [ ]  |       | Poliomyelitis脊髓灰质炎 | [ ]  | [ ]  |       |
| Cough (persistent)咳嗽（持久） | [ ]  | [ ]  |       | Rheumatic Fever风湿热 | [ ]  | [ ]  |       |
| Depression抑郁 | [ ]  | [ ]  |       | Rubella风疹 | [ ]  | [ ]  |       |
| Diabetes Mellitus糖尿病 | [ ]  | [ ]  |       | Scarlet Fever猩红热 | [ ]  | [ ]  |       |
| Diphtheria白喉 | [ ]  | [ ]  |       | Seizure Disorder发作性疾病 | [ ]  | [ ]  |       |
| Enuresis遗尿 | [ ]  | [ ]  |       | Sleepwalking梦游 | [ ]  | [ ]  |       |
| Epilepsy癫痫 | [ ]  | [ ]  |       | Smallpox天花 | [ ]  | [ ]  |       |
| Goiter (Struma)甲状腺肿大（甲状腺肿） | [ ]  | [ ]  |       | Tuberculosis肺结核 | [ ]  | [ ]  |       |
| Headache (persistent)头痛（持久） | [ ]  | [ ]  |       | Typhoid伤寒 | [ ]  | [ ]  |       |
| Hepatitis肝炎 | [ ]  | [ ]  |       | Vertigo/Dizziness眩晕/头晕 | [ ]  | [ ]  |       |
| Hernia疝气 | [ ]  | [ ]  |       | Other:其他 | [ ]  | [ ]  |       |
| Learning Disability学习障碍 | [ ]  | [ ]  |       | Other:其他 | [ ]  | [ ]  |       |
| Detailed Information: 详细信息：       |

|  |
| --- |
| **History of Disease, Impairment or Abnormality 疾病、损伤或畸形史** |
| Has the patient experienced disease, impairment or abnormality of any of the following?患者是否曾患有下列任何疾病、损伤或畸形？ |
|  | **Yes是** | **No否** | **Date****日期** |  | **Yes是** | **No****否** | **Date****日期** |
| Abdominal Organs腹部内脏器官 | [ ]  | [ ]  |       | HIV/AIDS HIV/AIDS | [ ]  | [ ]  |       |
| Other Abdominal Organs其他腹部内脏器官 | [ ]  | [ ]  |       | Lungs/Respiratory 肺/呼吸道  | [ ]  | [ ]  |       |
| Blood/Endocrine System血液/内分泌系统 | [ ]  | [ ]  |       | Personality/Behavior人格/行为 | [ ]  | [ ]  |       |
| Bones/Joints骨骼/关节 | [ ]  | [ ]  |       | Skin皮肤 | [ ]  | [ ]  |       |
| Brain/Nervous System脑/神经系统 | [ ]  | [ ]  |       | Stomach/Digestive System胃/消化系统 | [ ]  | [ ]  |       |
| Ears/Hearing耳/听觉 | [ ]  | [ ]  |       | Tonsils/Nose/Throat扁桃体/鼻/喉 | [ ]  | [ ]  |       |
| Eyes/Vision眼/视觉 | [ ]  | [ ]  |       | Varicose Veins静脉曲张 | [ ]  | [ ]  |       |
| Genito-Urinary System泌尿生殖系统 | [ ]  | [ ]  |       | Other:其他       | [ ]  | [ ]  |       |
| Heart/Vascular System心/血管系统 | [ ]  | [ ]  |       | Other:其他       | [ ]  | [ ]  |       |
|  |
| Give a full description of any health issue(s) mentioned above that required medical attention in the last two years:请详细描述近两年任何上面提及的需医疗护理的健康问题：       |
| List any preparations/medications that the patient takes on a regular basis and the reason: 列出任何该患者定期的制剂/药物治疗及原因：       |
| Has your patient received treatment/counseling for emotional and/or psychiatric problems? 该患者曾治疗/咨询情感和/或精神问题吗？       |
| Does the patient have any food, animal and/or environmental allergies or specialized dietary needs?该患者有任何食物、动物和/或环境过敏或特殊的饮食要求吗？ [ ]  Yes是 [ ]  No 否 If yes, explain:如果有，请解释：       |
| Should this patient have restrictions on play or physical education activities?该患者有游戏或体育活动方面的限制吗： [ ]  Yes是 [ ]  No 否 If yes, explain:如果有，请解释：       |
| Does applicant have any health limitations that would prevent he/she from studying in the U.S.?申请人是否有任何阻碍他/她在美国学习的健康限制？ [ ]  Yes 是 [ ]  No 否 |

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the patient and certify that all important information has been included and that the above information is accurate.

我，下述签名者，已对患者作出全面体检并回顾了该患者的病史，证明一切重要信息已被包含并且上述信息准确无误。

|  |  |
| --- | --- |
| Physician Name (Please Print)医生姓名（请打印）： |       |
|  |
| Address:地址： |       |
|       |
|  |
| Physician’s Signature 医生签字： |  | Date:日期： |            |

\* If you cannot get a family physician or hospital to fill out the above form, you can go to an approved government health center for an international student checkup (red book).

如果没有家庭医生或者医院可以帮你完成上述表格，你可以去政府批准的健康中心进行留学生的出国体检。

**Certificate of Immunization (Physicians Signature Required to Validate)**

**免疫接种证明 (医生签名需验证)**

Michigan state law requires all students attending school in this state be immunized and the record be completed on this form. This completed form must be submitted and all immunizations administered before the student arrives on the Jenison Public Schools campus.

密歇根州法律规定一切在该州入学的学生必须进行免疫接种，且需在此表中完成记录。在学生到达Jenison公立中学校园之前需填完此表并上交，同时需注射完成一切免疫接种。

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Last Name:姓氏： |       | Student’s First Name:名： |       | Middle Initial:中间名首字母: |       |
| Date of Birth:出生日期： |       | Country:国家： |       |
| Parent/Guardian in Charge of Immunizations:负责免疫接种的家长/监护人： |       |

|  |
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| **DIPTHERIA, TETANUS & PERTUSSIS –** 4 doses are required (one must be on or after 4 years of age). If a dosewas not given in the last 10 years, a booster dose of TD is required.**百白破疫苗**—要求4针（必须有1针于4岁之后注射）；如果最近10年未注射，需注射一针白破加强针。 |
|      /     /      |      /     /      |      /     /      |      /     /      |      /     /      |

|  |
| --- |
| **POLIO –** 4 doses are required unless dose 3 is administered on or after 4 years of age then only 3 doses are required**脊髓灰质炎疫苗**—要求4针，若第三针在4岁或以后注射，则共注射3针即可 |
|      /     /      |      /     /      |      /     /      |      /     /      |  |

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| **HEPATITIS B –** 3 doses are required**乙型肝炎疫苗**—要求3针 |
|      /     /      |      /     /      |      /     /      |  |

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| **MEASLES/MUMPS/RUBELL (MMR) - 2** doses on or after 2 months of age**麻风腮疫苗**—2针在2岁或以后注射  |
|      /     /      |      /     /      |  |

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| **MENINGITIS VACCINE –** 1 dose is required for children 11 years of age or older or upon entry into 6th grade or higher |
| **流脑疫苗**—要求1针，注射于儿童11岁或以后或进入6年级及之后 |
|      /     /      |  |      /     /      |

|  |
| --- |
| **VARICELLA (CHICKEN POX)** – 2 doses are required at or after 12 months of age OR current lab immunity OR reliable history of disease**水痘疫苗**—要求2针，注射于12个月或以后，**或**目前实验室免疫**或**有可靠的疾病史 |
|      /     /      |      /     /      |  |

**Please refer to the attached Required Childhood Immunizations for Michigan School Settings document for clarification of immunization requirements.**

**免疫接种要求说明请参见所附《密歇根学校所需的儿童免疫接种》**

**To the best of my knowledge, this child has received the required immunizations:**

**尽我所知，该生已接受过要求的免疫接种：**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Physician’s Signature****医生签名** | **Date****日期** |

**Required Childhood Immunizations for Michigan School Settings**

Healthcare providers in Michigan should follow the 2012 Recommended Immunization Schedule

For more information, visit [www.michigan.gov/immunize](http://www.michigan.gov/immunize)

**密歇根学校所需的儿童免疫接种**

密歇根医疗服务者需遵循《2012年推荐免疫接种程序》

欲了解更多信息，请访问网站 [www.michigan.gov/immunize](http://www.michigan.gov/immunize)

|  |
| --- |
| **Entry Requirements for All Public & Non-Public Schools****一切公立&非公立学校入学要求** |
| **Vaccine\*\*****疫苗\*\*** | **4 years through 6 years of age** **4-6岁** | **7 years through 18 years of age****including all 6th grade students** **7-18岁，包括一切6年级学生** |
| Diphtheria,Tetanus,Pertussis白喉，破伤风，百日咳 | 4 doses DTP or DTaP,one dose must be on or after4 years of age 4针百白破疫苗或无细胞百白破疫苗，必须有1针于4岁之后注射 | 4 doses D and T OR 3 doses Td if first vaccine given on or after 7 years of age.1 dose of Tdap\*\*\*for children 11-18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine.4针白喉和破伤风；若第一针注射于7岁或之后，3针白破即可。若5年内未注射含有破伤风./白喉疫苗，11-18岁儿童需注射1针无细胞百白破。 |
| Polio脊髓灰质炎 | 4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required 4针；若第三针在4岁或之后注射，则共注射3针即可 | 3 doses 3针 |
| Measles, Mumps, Rubella麻疹，腮腺炎，风疹 | 2 doses on or after 12 months of age 12个月或以后，2针 |
| Hepatitis B乙型肝炎 | 3 doses 3针 |
| Meningococcal\*\*\*\*流脑\*\*\*\* | None无 | 1 dose for children 11 years of age or older upon entry into 6th grade or higher 1针，注射于儿童11岁或以后或进入6年级及之后 |
| Varicella\*(Chicken Pox)水痘\* | 2 doses of varicella vaccine at or after 12 months of age **OR** current lab immunity **OR** reliable history of disease于12个月或以后注射2针，**或**目前实验室免疫**或**有可靠的疾病史 |
| \* Current laboratory evidence of immunity is acceptable instead of immunization with antigen \*目前实验室免疫的证据可以接受，但使用抗原进行免疫不算 |
| \*\* All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.\*\* 任何疫苗的注射需间隔适当时间，且注射于被认定为有效的适当年龄 |
| \*\*\* Tdap is required at 11 years of age or older regardless of grade.\*\*\* 无细胞百白破要求年满11岁，无年级限制 |
| \*\*\*\* Meningococcal is not assessed in MCIR/SIRS if the child is 11 years of age an in a grade lower than 6th grade.\*\*\*\* 若儿童为11岁且6年级以下，则流脑不在MCIR/SIRS中评估 |

**Medical Release and Consent to Treat**

**允许医疗同意书**

*Jenison Public Schools recognizes its responsibility to provide medical services to its students, especially in time of emergency. In order to adequately care for students, the following consent is required.*

*Jenison公立中学有责任向学生提供医疗服务，尤其是在紧急情况下。为了充分关爱学生，必须达成如下同意。*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student’s Last Name学生姓氏 |  | First Name名 |  | Middle Initial中间名首字母 |

We (I) consent for Jenison Public Schools’ staff and/or the host parents, without liability or expense to themselves, to dispense over-the-counter medication and/or administer such medical treatment as may be necessary or advisable in case of illness or accident.

我们（我）同意Jenison公立中学员工和/或寄宿家庭家长于疾病或紧急事故情况下给予非处方药和/或执行必要或可取的医疗，不承担因此造成的任何责任或费用。

In the event that a physician determines that immediate medical treatment or surgery is necessary for the student and one or both parents or the legal guardian cannot be immediately contacted, authorities of Jenison Public Schools are hereby authorized to approve such treatment as may be determined by the physician at that time.

如果医生认为有必要对学生进行立即治疗或手术，而该生的一名或两名家长或法定监护人无法及时联系，兹此授权Jenison公立中学当局在医生决定之时有权批准该治疗。

We (I) accept full responsibility for the cost of any medical care or emergency treatment, which may become necessary. In authorizing Jenison Public Schools as our (my) agent, we (I) understand that the school shall not be held responsible for the payment of fees or charges and the school will accept billing in our (my) name only to facilitate submission of student accident insurance claims, if applicable, or for the prompt forwarding of billing to us (me).

我们（我）愿意承担必要时任何医疗或紧急事故处理的一切费用。因授权Jenison公立学校作为我们（我）的代理人，我们（我）明白该校不应承担费用支付。学校将只在促进提交学生意外保险索赔时，以我们（我）的名义接受账单；或者，将账单立即转发给我们（我）。

This document is intended to be a release to those obtaining and supplying medical treatment (emergency & non-emergency), including Jenison Public Schools, any members of the school’s administration or staff, its employees, and any physicians or institutions treatment or offering medical assistance to the student.

此文件旨在针对获取和提供（紧急&非紧急）医务治疗，包括Jenison公立学校、学校行政或教职人员、该校雇员以及任何医生，或机构治疗，或向学生提供的医疗救助。

|  |  |
| --- | --- |
|  |   |
| Mother/Guardian Signature母亲/监护人签名 | Date日期 |
|  |
| Mother/Guardian Name (Please Print)母亲/监护人签名（请打印） |
|       |  |       |       |
| Home Phone家庭电话 |  | Work Phone工作电话 | Cell Phone手机号码 |
|  |       |
| Father/Guardian Signature父亲/监护人签名 | Date日期 |
|       |
| Father/Guardian Name (Please Print)父亲/监护人签名（请打印） |
|       |  |       |       |
| Home Phone家庭电话 |  | Work Phone工作电话 | Cell Phone手机号码 |

# Student Injury & Sickness Insurance Plan

Provided by

**Option 1**

ISO Med (Accident and Sickness Insurance for Academic Visitors & International Students)

(800)244-1180 mailbox@isoa.org [www.isoa.org](http://www.isoa.org)

**学生伤害及疾病保险计划**

**选择1**

国际医疗ISO提供

Out of concern for the health and welfare of all our students, Jenison High School requires that every International student be covered by a comprehensive injury and sickness plan, one that meets the high cost of medical services and is accepted by local providers and practitioners.

出于对一切学生的健康和福利考虑，Jenison高中要求每名国际学生参与一份完整的伤害和疾病计划，该计划满足高成本的医疗服务并为当地的保险商和从业者接受。

* *Please note that our health centers will not accept medical insurance policies issued in a foreign country or from a company outside the United States.*
* *请注意，我方健康中心将不接受外国或美国外的公司颁发的医疗保险政策*

The ISO Secure insurance plan is included in your fee. This insurance plan includes both a deductible and co-insurance that will be paid by the student/natural parents per injury or sickness. The deductible for any medical treatment is $90 each time the student goes to an in-network doctor. After the deductible, the student/natural parents are responsible for paying a 20% co-insurance. This means that the student/natural parents will pay 20% of the remaining portion of the bill. For example, if the student goes to an in-network doctor because he/she doesn’t feel good and the total cost is $200. The student/natural parents would pay $90 and then an additional $22. The deductible and co-insurance are different for out-of-network doctors. It is not recommended that students go to an out-of-network doctor. A summary of the benefits are below. For a full explanation of benefits and list of exclusions go to [www.isoa.org](http://www.isoa.org).

ISO安全保险计划的费用包含在您缴纳的留学费用中。此保险计划包括必扣除款项以及共同保险，每次受伤或者生病时需要学生/学生家长支付费用。学生去网内医生进行任何医治，每次必收取90美金的费用。收取必扣费用外，学生/学生家长将需支付20%的共同保险。这意味着学生/学生家长将支付剩余账金额20%的费用。例如，如果学生感觉不舒服去看网内医生，一共花了200美金，学生/学生家长支付90美金外，再支付22美金（110\*20%=22）。不建议学生去看网外医生。此保险涵盖的利益如下表所示。更加全面的利益描述以及排除列表请登陆[www.isoa.org](http://www.isoa.org).。

|  |  |
| --- | --- |
| Medical expense benefits (per injury or sickness)医疗费用效益（每一次损伤或疾病） | $500,000$500,000 |
| Lifetime medical maximum终身医疗最大值 | No maximum无最大限制 |
| Deductible in-network / out-of-network网络/网络外必扣除 | $90 / $250 |
| Co-insurance in-network网络内共同保险 | 80% of the first $10,000, 100% thereafter10000美金内承担80%，10000美金外承担100% |
| Co-insurance out-of-network网络外共同保险 | 70% of usual & customary通常报销70%+惯例报销原则 |
| Emergency room co-pay (waived if admitted)急诊室共同付费（确认是延迟的） | $250 |
| Hospitalization co-pay住院费 | $250 |
| Pre-existing conditions预先存在的条件 | Covered after 6 months投保后6个月 |

**Option 2**

Provided by

United Healthcare Insurance Company

Clifford Allen Associates, LTD

PO Box 23615 Hilton Head Island, SC 29925-3615

**选择2**

由美国医疗保险公司提供

克里福德-艾伦有限公司

邮政信箱23615希尔顿海德岛，南卡罗来纳州 29925-3615

Students may choose an upgraded medical plan through United Healthcare for an additional $1,500 fee. This insurance plan is extremely extensive; students rarely have to pay out-of-pocket for medical expenses. However, if out-of-pocket medical expenses occur, the student/natural parents are responsible for paying for them. For an explanation of benefits and list of exclusions, go to [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com).

**学生可以通过United Healthcare额外支付1500美金选择一份升级保险计划。升级后的保险计划几乎不需要学生支付医疗费用。然而，如果发生自费的医疗费用，学生/学生父母需要付钱。更加全面的利益描述以及排除列表请登陆[www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)。**

**ALL INTERNATIONAL STUDENTS MUST ENROLL IN A PLAN**

Certificates with further details will be issued to every participant along with a personal identification card. This plan was designed especially for public secondary schools.

**一切国际学生需加入该计划**

证书及具体细节连同个人身份证明将发至每名参与者手中。此计划特别为公立中学设计。

**2019-2020 STUDENT INJURY & SICKNESS PLAN**

**2019-2020学生伤害及疾病保险计划**

**Enroll \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STUDENT NAME) in the plan\_\_\_(option 1 or 2) for a full 10 months.**

注册 \_\_\_\_\_\_\_\_\_\_\_\_\_\_（学生姓名）参与为期10个月的保险计划**\_\_\_**

SIGNATURE OF PARENT OR GUARDIAN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**父母或监护人签名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardianship Declaration**

**Guardian for minors studying in The United States**

**委托监护人声明**

**在美国学习的未成年人监护人声明**

|  |
| --- |
| **Student information学生信息** |
| Family name姓 | Given name(s)名 | Citizenship国籍 | Date of birthday出生日期 | Sex性别□M男 □F女 |
| Name and address of school in US 在美国的学校名称和地址：Jenison public schools，2140 bauer road，Jenison ，Michigan，49428，USA |
| Address where student will reside in US 学生在美国住址：2424 Cedar Dr. Jenison Michigan 49428 ( subject to change ) |
| **Parents** |
|   | 父母/监护人1 | 父母/监护人2 |
| Full name全名 | Family name | Given name(s)名 | Family name姓 | Given name(s)名 |
| Date of birth生日 |  |  |
| Home address家庭住址 |  |  |
| Telephone number电话 |  |  |
| **Guardian information委托监护人信息** |
| Family name姓 | Given name(s)名:  | Status in U.S.A在美国身份：□American citizens美国公民☑Permanent resident永久居留 | Date of birth生日：Sept, 19, 1965 |
| Current residential address现住址：2424 cedar west road,Jenison,Michigan,USA,49428 | Telephone no.电话：6166062388 |
| I／We (name of parents/guardians), the natural parent of the said students, (name of student), during the student’s stay in America, while he/she is under age of majority in the parents province in which he/she resides. I have made necessary arrangements for the said student such that the Guardian should act in the place of me/us, the parents. By signing this Guardian agreement, I／We affirm that I am／we are satisfied with, MAN LI, GAO as a Guardian of my/our child to fulfill his／ her obligations as a Guardian in the events of an emergency.我/我们， 是学生 的父母，在此全权授权 (监护人姓名)作为该生在美国居住省份未达到成年之前的管理者。我们已做好上述学生的各项照顾和生活安排，监护人可代表我们父母进行处理。我们签署此监护人声明，确认指定监护人在紧急情况下履行管理人的法律职责。父母/监护人（1）签字： 日期： 父母/监护人（2）签字： 日期： |

I hereby certify that I have read, understood and agree to all that is contained within the International Student Application, including guardianship declaration.

我兹此确认我已阅读、理解并同意包括委托监护人声明在内的所有国际学生申请书中的内容。

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| Sworn before me at:宣誓于： |       | In于 |       |
|  City County城市 国家 |
| This  |       | day of |       | , |       |
|  Day Month Year 日 月 年 |
|  |
|  |
| Student Name:学生姓名： |       |
|  |
| Signature of Student:学生签名： |  |
|  |
| Date:日期: |       |
|  |  |
| Parent(s)/Guardian(s) Name:父母/监护姓名： |       |
|  |  |
| Signature of Parent(s)/Guardian(s):父母/监护人签名： |  |
|  |  |
| Date:日期： |       |
| Notary Public公证人 |       | StampHere→印章此处→ |  |