

STUDENT'S NAME: (BLOCK CAPITALS)

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PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WHEN HANDING IN THE APPLICATION

- A copy of Recent within 6 - 12 month's School Reports
- A copy of Recent within 6 - 12 month's Psychological Assessment Reports
- A copy of Student's Birth Certificate
- A copy of Student's HKID Card or passport pages showing Student's photographer ID
- A copy of Parents' HKID Card
- 2 passport size photos
- Non-refundable Application Fee of HK\$2,500*

* Please make cheque payable to **AOI PUI SCHOOL** or Bank in our **HSBC A/C 053-442-745-001** and send us the receipt.

Application fee includes services of assessment report review, trial lesson, trial lesson review meeting, post-trial lesson summary report. The collection of this fee does not constitute any assurance that a school placement will be offered.

Application fee is only valid for ONE year upon receiving the application form.

PARENTS / GUARDIAN'S INFORMATION

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|---|--|---------------------------------|--------|--|
| Mother / Guardian's Surname: | | Mother / Guardian's First Name: | | |
| Contact Number: Home | | Office | Mobile | |
| Occupation: | | | | |
| Mailing Address: | | | | |
| | | | | |
| Email Address: | | | | |
| Father / Guardian's Surname: | | Father / Guardian's First Name: | | |
| Contact Number: Home | | Office | Mobile | |
| Occupation: | | | | |
| Mailing Address: | | | | |
| | | | | |
| Email Address: | | | | |
| *If both parents cannot be contacted, please provide another contact person for us to locate: | | | | |
| Person 1: | | | | |
| Name: | | Relationship: | | |
| Contact Number: Home | | Office | Mobile | |
| Person 2: | | | | |
| Name: | | Relationship: | | |
| Contact Number: Home | | Office | Mobile | |



| STUDENT INFORMATION | |
|---|--------------------------------|
| Surname: | First Name: |
| Date of Birth: (dd/mm/yyyy) | Country of Birth: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Number of Siblings: Position of Total Children | |
| Language Proficiency: <input type="checkbox"/> Chinese <input type="checkbox"/> English | |
| HKID / Passport Number: | |
| Visa Type: | Visa Expiry Date: (dd/mm/yyyy) |
| Nationality: | |

| SCHOOL INFORMATION | |
|---------------------------|-----------------|
| Current School: | Year and Grade: |
| Date at this School: | |
| Previous School attended: | Year and Grade: |
| Date at this School: | |
| Additional Information: | |

| ASSESSMENT REPORT | |
|--|--|
| Most recent one conducted by: <input type="checkbox"/> Gvt. <input type="checkbox"/> Private <input type="checkbox"/> Others | |
| Date of Assessment: (dd/mm/yyyy) | |
| Recommendations by Assessor: | |

| MEDICAL AND OTHER NEEDS |
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| Are there any health or physical concerns? |

Declaration

All the information submitted in the Application Form and the other attachments will only be used for admission purpose. They will be destroyed after the admission process is completed. All document submitted will not be returned.

Parent's / Guardian's Signature: _____ Date: _____



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| For Official Use Only |
| Parents visited School in: |

To help us find out more information regarding your child, please fill out all parts with as much detail as possible.

BACKGROUND INFORMATION ON YOUR CHILD

Early Childhood - Compared to peers and siblings, what raised your concerns?

Developmental History - Where was the child first diagnosed?

| Date | Where your child was assessed | Who conducted this assessment | Diagnosis / Recommendations |
|------|-------------------------------|-------------------------------|-----------------------------|
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What services were recommended to you? Service History: How often does your child engage in these services?

- | | | |
|---|----------------------------|------------------------------|
| 1 | Service provided by: _____ | frequency ___ mins every ___ |
| 2 | Service provided by: _____ | frequency ___ mins every ___ |
| 3 | Service provided by: _____ | frequency ___ mins every ___ |
| 4 | Service provided by: _____ | frequency ___ mins every ___ |
| 5 | Service provided by: _____ | frequency ___ mins every ___ |

What effects / outcomes did you notice with these services?

Following the first assessment, what FOLLOW UP ASSESSMENTS were conducted? Please list date / where the assessment was conducted:

| Date | Where your child was assessed | Who conducted this assessment | Diagnosis / Recommendations |
|------|-------------------------------|-------------------------------|-----------------------------|
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Is your child currently taking medication or require special diet or treatment?

CURRENT SCHOOLING & PERFORMANCE AT SCHOOL

My child is currently in _____ (Name of School)

Class level _____

Does your child receive support in class? What is the "teacher to student" ratio?

Does your child have extra support? Speech / group? Please provide details.

(Please write out brief comments) Other than School Reports or IEP meetings with the teachers, what are the comments / observations from the teacher regarding your child in class?

What have been some suggested recommendations on how to work on the comments / observations of your child at School?

How does the current School placement meet and not meet your expectation for your child's needs?

How does your child engage with their siblings or peers? Please state examples of engagements or interests.

At Home:

During Social Settings (for example at park or parties):

What would be some situations that will lead to your child being anxious, frustrated or upset?

At Home:

At Community Situations:

Please describe when your child is upset, what would be the behaviours you see? How often would your child get upset over the same thing? How frequent would your child be upset and have a tantrum?

What are some of your ways to handle your child's anxiety, frustration or tantrumming behaviours?

How does your child respond to denials or change of routines?

LANGUAGE AND COMMUNICATION

To give us more information in regards to your child's language and ability and interaction with you, please give examples to your child's language and communication:

List number of words, instructions, concepts that are spoken to the child and the child can follow with assistance or independently:

List number of words, and concepts the child can expressively identify when asked or use spontaneously:

What does your child communicate the most with you?

Does your child engage in a variety of communication, from requesting to asking questions, making comments, communicating paired with gestures?

If your child was not heard, how persistent would your child be?

What is your child's favourite pastime and interests?

How easy or difficult is it to introduce a new interest to your child?

Which chores and responsibilities does your child have at home, and that your child can perform what being instructed or without instructions?

How does your child indicate to you that they are not well or feel discomfort?

How would your child react to medical checkups?

How would your child react to and resolve problem? For example when something is broken, or when he/she got hurt, or when someone said he/she did something naughty or dangerous?

SELF HELP AND INDEPENDENT LIFE SKILLS:

Please state examples where your child is independent, without assistance or verbal reminders:

What is your child's awareness and independence to DANGER, such as kitchen hazard awareness, road crossing, etc?

What is your child's awareness and independence to "Getting Dressed", from dressing to choosing outfit?

What is your child's awareness and independence to understanding the concept of "Time" or "Money", from knowing time to abide with time rules?

What is your child's awareness and independence to "Eating Skill"? Please also indicate your child's preference of food.

What is your child's awareness and independence to "Toileting Skill"? Does your child has a routine?

What is your child's independence to "Sleeping Pattern and Routine"?

What is your child's independence to "Bathing & Showering Routine"?

What is your child's awareness and independence to "Personal Hygiene", to brushing teeth, cutting nails, cutting hair etc?

If I came to your house / child's School, how would I identify him / her? What would I be most likely observe your child to be doing?

Please state your concerns and skills priority for your child.

What is your expectation for your child at our School?

What are the considerations as a parent, family unit to why you would not stay at our School or Hong Kong?