

Intake	
Agent Name	

Please affix  
a recent passport size  
photograph  
请附上 1 张  
护照型近照

### STUDENT'S PARTICULARS

学生资料

Name (as shown on passport) 姓名

Birth Certificate No. 出生证书号码

Province/State 省/州

Country of Birth 出生国

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Date of Birth (dd/mm/yyyy) 生日 (日 / 月 / 年)

Age 年龄

Gender 性别



Male 男  Female 女

Passport No 护照号码

Nationality 国籍

Date of Expiry 护照到期日




Type of Pass Held 持有通行证

Singaporean / (I.C No.)  
Singapore P.R.

Dependant Pass (FIN)

Student Pass (FIN)

Address in Singapore 新加坡地址

Race 种族

Email 电邮地址

Religion 宗教信仰

Contact No 联络电话

(Home) 家用

(Mobile) 手机

### STUDENT'S EDUCATIONAL DETAILS

学生的教育背景

School Name 学校名称	Country / Province 国家/省	Year Started 开始就读年份	Year Ended 结束就读年份	Highest Level Completed 完成最高学历

Has your child taken any English lessons outside school? 您的孩子是否在校外参与英语补习?

Yes 是  No 否

If yes, please state 若有参加, 请选择是哪一种补习

Private Tutor  Language School How Long  months / years

# Student Application Form

## 报名表格

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### PARENT'S INFORMATION

家长资料

Father's Name 父亲姓名

Mother's Name 母亲姓名

Date of Birth 出生日期

Place of Birth 出生地

Date of Birth 出生日期

Place of Birth 出生地

Nationality 国际

Passport No. 护照号码

Nationality 国际

Passport No. 护照号码

Occupation 职业

Income (per month) 收入 (每月)

Occupation 职业

Income (per month) 收入 (每月)

Highest Qualification 最高学历

Highest Qualification 最高学历

Personal Email 电邮地址

Personal Email 电邮地址

Home Address 住家地址

Home Address 住家地址

Contact No 联络电话

(Home) 家用  (Mobile) 手机

Contact No 联络电话

(Home) 家用  (Mobile) 手机

### GUARDIAN DETAILS

监护人资料

Name of Guardian 监护人姓名

I.C No. 身份证号码

Nationality 国籍

Gender 性别

Male 男

Female 女

Relationship 与学生关系

Email Address 电邮地址

Singapore Address 新加坡住址

Contact No. 联络电话

(Home) 家用  (Mobile) 手机

### PERSON TO CONTACT FOR EMERGENCY CASES

紧急事件联络人

Father 父亲

Mother 母亲

Guardian 监护人

## Acknowledgement of Personal Data Protection Statement

### Introduction

“Personal Data” is defined under the PDPA to mean personal information, whether true or not and whether in electronic or other form, about an individual who can be identified:

- i. From that data; or
- ii. From that data and other information to which we have access to or are likely to have access to.

Examples of personal data include name, address, NRIC/FIN/Passport number, photograph or video image, telephone numbers and email addresses. To find out more about PDPA, you may visit the Singapore Personal Data Protection Commission’s website.

### Purposes for Collection, Use & Disclosure

Depending on your relationship with us (e.g. as an applicant, student, alumni of the Academy, staff, academic staff, donor, vendor, service provider, parents, guardians, recruitment agents and / or any other person relating to our organization), the personal data, photographic images, videos, etc., which we collect from you may be collected, used and/or disclosed for the following purposes:

- a. Evaluating suitability for admission or employment, enrolling or employing, providing educational courses and training, including sending materials on course / study / assignment / course materials, information on time tables and examination details via postal mail, electronic mail, SMS or MMS, fax and/or voice calls;
- b. Administering and/or managing relationships with the Academy (including responding to enquiries, the mailing of correspondence, statements or notices which could involve the disclosure of certain personal data to bring about delivery of the same);
- c. Assessing, monitoring and reporting on individual student performance, attendance and disciplinary records;
- d. Supporting students’ learning through curricula and extra-curricular activities including but not limited to outdoor trips and inter-Academy competitions;
- e. Providing pastoral care and counseling where appropriate;
- f. Providing healthcare and wellness services;
- g. Application of student passes where appropriate;
- h. Application for Ministry of Education approval for Singapore Citizens and Permanent Residents;
- i. Facilitating payment for goods and/or services provided by the Academy and/or a third party on the Academy’s behalf including verification of bank and credit card details with third parties and using the Personal Data provided to conduct matching procedures against databases of known fraudulent transactions (maintained by us or third parties);
- j. Responding to any complaints, feedback, requests and enquiries by student / parents / guardians;
- k. Disclosing your records to your parent(s) or guardian(s) at their request;
- l. Informing student / parents / guardians/ related parties of events, talks, seminars and updates;
- m. Maintaining and updating our student, alumni, and academic staff records;
- n. Generating financial, regulatory, management or survey reports and statistics for the Academy’s business and administrative purposes;
- o. Promoting the Academy to prospective students, including but not limited to the Academy’s prospectus, magazine and website;
- p. Sending promotional and marketing information by post, email and SMS about the Academy, activities and events as well as carefully selected third parties;
- q. Taking of photographs and/or videos (whether by the Academy staff or third-party photographers and/or videographers) during events or seminars organised by the Academy or its affiliates for publicity purposes;
- r. Engaging alumni including but not limited to notification on the Academy and alumni- related initiatives and activities, invitation to the Academy and alumni-related events, updating of alumni information, invitation to participate in alumni surveys and sending of communication collaterals;
- s. Processing applications for and administering local and overseas career related activities, events, programmes, internships, employment opportunities, and career coaching, and sharing information with companies (whether local or overseas) for purposes of recruitment, internship, industrial attachment, job placement and research support;
- t. Meeting or complying with the Academy’s internal policies and processes / procedures and any applicable laws, rules, regulations, codes of practice or guidelines, orders or requests issued by any court, legal or regulatory bodies (including but not limited to disclosures to regulatory bodies, conducting audit checks, surveillance and investigation);
- u. Carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or put in place by the Academy, including the obtaining of references and/or other information from prior educational institutions and employers;
- v. Preventing, detecting and investigating crime, offences or breaches including that related to the security of the Academy’s premises (including but not limited to the use of security cameras);
- w. Conducting checks with the DO NOT CALL Registry
- x. Purposes, which are reasonably related to the above.

By providing the Personal Data, including those related to a third party (e.g.:- information of your parents) to us through the various channels (e.g.:- written form, webpage, email, etc.), you represent and warrant that consent, including that of the third party, has been obtained for collection, use and disclosure of the Personal Data for the respective purposes. In the event the personal data is to be used for a new purpose, the Academy will notify you and seek your consent.

The Academy ensures that your Personal Data held by us shall be kept confidential. When transferring personal data to our third-party service providers, agents and/or our affiliates or related corporations whether in Singapore or elsewhere in order to carry out one or more of the purposes listed above, we will require them to ensure that your Personal Data disclosed to them is kept confidential and secure

# Student Application Form

## 报名表格

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### DECLARATION 声明

I declare that the information on this application form for my child to study at HWA is true and correct. I confirm that no false statement or misrepresentation has taken place

I give permission to the school authorized personnel to photograph students for school publications, including but not limited to the school newsletter, poster, website, etc. (Parents and Guardian are to initiate opt out by using the Opt-out form, if they do not wish their child/ward to be photographed).

I understand that my child will be required to take the Placement Test including an oral/interview with the school in order to officially confirm the entry level based on the results of the test. I hereby agree to accept decision made by the school on my child's placement to be final. I also understand that the paid enrolment fee and registration fees will not be refunded if my child is unsuccessful in gaining entry.

I will not hold the school responsible should my child's application to study at HWA be rejected by either the Ministry of Education, Singapore or the Immigration & Checkpoints Authority.

HWA reserves the right to vary or reverse any decision regarding my child's admission or enrolment made on the basis of incorrect and incomplete information.

I hereby authorize the School permission to drive my child/ward to the nearest medical centre/hospital for emergency treatment and I understand that the School personnel will do his/her best to inform us as soon as possible. However if none of the emergency contact names can be reached at the time of the emergency, I authorize the school medical personnel to proceed with all emergency treatment. I will not hold any HWA personnel liable for any accident resulting from any withheld medical information.

All students' data is strictly confidential and for internal use only, unless it is requested by government agencies.

我在此声明递交给学校的资料都是正确属实的。

学校将会因活动或广告的需要，会拍摄学生在学校里的上课状况，例如刊登在校内时事通讯，海报，网站上等。如果家长不希望自己孩子的照片出现在任何媒体上，家长或监护人必须主动要求，填写相关表格。

我清楚了解学生在入学之前必须参加学校的入学考试，学生入学的年级是依照入学考试的成绩来判定的。我也了解所交付的报名费和注册是不能退还的。

我了解学生的申请若被新加坡移民厅或是教育部拒绝，学校将不承担责任。当学校发现学生所附的资料不属实，学校有权利拒绝学生入学。

我谨此授予 HWA 权力在紧急的时候将我的孩子送至最临近的治疗中心医院。我也了解将竭尽所能在第一时间通知我。然而无法联系上家属或有关人员，我将授予校方的医护人员权力进行医疗。任何因向校方提供不完整医疗记录而引起的事故，学校将不会承担任何责任。

所有学生的个人信息都严格保密：除政府部门要求外，学生信息仅供学校内部使用。

**Signature of applicant** 申请人签名

**Signature of Parent/ Guardian** 家长 / 监护人签名

Date 日期:

Date 日期:

### Official Use Only:

Application Received by: Name:	Documentation Verified by: Name:
Signature & Date:	Signature & Date:

# Student Application Form

## 报名表格

\* Only applicable for Nursery, Kindergarten and Primary Years Program Applicants (仅限幼儿园和小学申请者)

Please affix  
a recent passport size  
photograph  
请附上1张  
护照型近照

### Student Medical Record 学生医疗记录

The school Health Centre requests health information of your child through this form. Please fill in the necessary information.

This will serve as the child's record in the clinic. If you have any question, you can contact our school at +65 6254 0500

按照学校保健中心要求，家长需提供学生的健康信息。请按要求填下表格信息。

这些信息将在学校医疗室存档作为学生的医疗记录。如有任何问题，请联系我们+65 6254 0500

Student Name /学生姓名 : \_\_\_\_\_ Sex/性别 : M(男) / F(女)

Date of Birth/出生日期 : \_\_\_\_\_ Age/年龄 : \_\_\_\_\_

Name of Parent or Guardian / 父母或监护人姓名 : \_\_\_\_\_

Contact Number/联系号码 : \_\_\_\_\_

#### 1. CHILD'S LEARNING NEEDS 学生学习状况

Has your child/ward ever had (Please submit all pertaining documents) 请问您的孩子是否有病例情况 (请提交相关文件)

Enrichment or remedial help (强化或治疗的协助)	<input type="checkbox"/> Yes (是)	<input type="checkbox"/> No(否)
A learning difficulty (学习障碍)	<input type="checkbox"/> Yes (是)	<input type="checkbox"/> No(否)
A behaviour difficulty (行习障碍)	<input type="checkbox"/> Yes (是)	<input type="checkbox"/> No(否)
Psychological assessment/treatment (心理治疗)	<input type="checkbox"/> Yes (是)	<input type="checkbox"/> No(否)

(If Yes, please attached appropriate report) (若有以上的状况，请附上有关报告)

#### 2. HEALTH 学生健康状况

Does the student have any problems with the following? / 学生是否有以下病历?

	Yes 是	No 否	If yes, please state/如果有，请注明
Asthma/哮喘			Not Required
Diabetes/糖尿病			Not Required
Epilepsy/癫痫			Not Required
Other Illness/其他病症:			
Allergies to any medicine, food (eg: Nuts, seafood, eggs) 对哪些食物过敏 (如: 花生、海鲜、蛋类)			
Are you taking any medication/treatment at present? 目前是否正在接受任何治疗?			

# Student Application Form

## 报名表格

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Does the student have any problems with the following? / 学生是否有以下障碍?

	Yes 是	No 否	Remark(s) 备注
Hearing / 听力			
Speech / 语言			
Sight / 视力			

Please submit a copy of Immunization Record to us / 请提供一份疫苗接种记录给我们。

Emergency Treatment Authorization: In the event of emergency when immediate observation or treatment is deemed necessary in the judgement of the school nurse and authorities, I authorize and direct the school authorities to send my child to the medical facility most readily accessible.

急诊治疗授权：在紧急情况下，若经学校护士或者相关专业人士判断，学生需立即就医观察或者治疗，我授权并允许校方将孩子送往最适当的医疗机构。

\_\_\_\_\_  
Parent/Guardian Signature 家长/监护人

\_\_\_\_\_  
Date 日期