

Summer School Program Application Form 夏校课程申请表格

Section 1: Personal Particulars				
Name of Student 学生姓名			Alias, if any 英文名, 如有	
Gender 性别	M (男) / F (女)	Date of Birth 出生日期		
Passport 护照			Date of Expiry 护照有效期至	
Nationality 国籍			Email 电邮地址	
HP Number (Overseas) 国外手机号码			HP Number (SG) 本地手机号码	
Language Proficiency 语言能力	Reading 读	Speaking 说	Listening 听	Writing 写
1) English	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2) Mandarin	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3) Others: _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4) Others: _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Note:				
1. 1 (Poor, 差), 5 (Excellence, 优秀)				
2. Please circle which is appropriate. 请圈出哪个合适				
Local Address 本地地址				
Health Information 健康状况	If Yes, please tick (v) the following 如有, 请在以下打勾 (v)			
Does the student have any health problem? 学生是否有任何病史?	<input type="checkbox"/> Asthma 哮喘 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Epilepsy 癫痫 <input type="checkbox"/> Allergies to any medicine, food (eg. Nuts, seafood, eggs) ** 对哪些食物过敏 (如: 花生, 海鲜, 蛋类) **			
<input type="checkbox"/> Yes. 是 <input type="checkbox"/> No. 否	<input type="checkbox"/> Taking any medication/treatment at present? ** 目前是否正在接受任何治疗? **			
**Please state if you tick (v) : ** 如果打(v), 请注明:				

Section 2: Program Information			
Please tick (✓) the program which you wish to apply:			
<input type="checkbox"/> Grade 1 一年级			
<input type="checkbox"/> Grade 2 二年级			
<input type="checkbox"/> Grade 3 三年级			
<input type="checkbox"/> Grade 4 四年级			
<input type="checkbox"/> Grade 5 五年级			
<input type="checkbox"/> Grade 6 六年级			
<input type="checkbox"/> Grade 7 七年级			
<input type="checkbox"/> Grade 8 八年级			
<input type="checkbox"/> Grade 9 九年级			
<input type="checkbox"/> Grade 10 十年級			
<input type="checkbox"/> Grade 11 十一年級			
Section 3: Parent / Guardian Particulars 家长 / 监护人个人信息			
Name of Parent/Guardian 家长 / 监护人姓名		Parent/Guardian HP Number 家长 / 监护手机号码	
HP Number (Overseas) 国外手机号码		HP Number (SG) 本地手机号码	
Email Address 邮箱地址			
Section 4: Emergency contact person 紧急事件联络人			
<input type="checkbox"/> Father 父亲 <input type="checkbox"/> Mother 母亲 <input type="checkbox"/> Guardian 监护人			
Name 姓名			
HP Number (Overseas) 国外手机号码		HP Number (SG) 本地手机号码	
Local Address 本地地址			

Section 6: Declaration 声明

I declared that the information on this application form for my child to study at HWA is true and correct.
我在此声明递交给学校的资料都是正确属实的。

Emergency Treatment Authorization: In the event of emergency when immediately observation or treatment is deemed necessary in the judgment 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事判断，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。

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

Date 日期：

section 7: Programme arrangement 课程安排

Course Start Date 课程开始日期		Course End Date 课程结束日期	
Course Duration 课程时间	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks		
Total Payable Amount 应付总额			
Total Payable Amount after Tax 税后总额			
Due Date for Payment 截止日期			

For Office Use only

Received by	Approved By	Handover to
<hr/>	<hr/>	<hr/>
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:

Note:

1. Admissions team should pass the completed application form to Student Support Staff;
2. Student Support Staff should inform Respective Coordinator by sending the Application Form via email;
3. Respective Coordinator should inform respective teacher accordingly and make the necessary arrangement for the student.
4. All fee paid are subject to HWA refund policy which can be found on the school website.