

2018/19 ADMISSIONS FORM (入學申請表)

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OFFICE USE ON	LY
(本機構使用)	

Date Received: (收表日期)

Application Fees Received: (收申請費日期)

			Please I	 Print (請打印)					
STUDENT INFORMATION (學生信息)									
Last Name:				timition (3		Preferred	Name:		
(姓)					(首選名稱)				
Date of Birth: (出生日期)	Gender: (性別)		Nationality: (國籍)				Hong Kong Permanent Resident: (香港永久性居民)		
dd / mm / yy (日/月/年)	□M(男)	□ F (女)					□ Yes 是	□ No 否	
Home address: (住宅地址)							Home phone no.: (住宅電話)		
First Language: (第一語言)				Toileting Languag (如廁表示)					
PARENTS/GUARDIAN INFORMATION (家長/監護人信息)									
Name of Father: (父親姓名)				Name of Mo (母親姓名)	ther:				
Father's Mobile: (父親手機號)			Mother's Mobile: (母親手機號)						
Father's Office Number: (父親辦公室電話)			Mother's Office Number: (母親辦公室電話)						
Father's e-mail: (父親電郵地址)			Mother's e-mail: (母親電郵地址)						
Name of Guardian/Helper: (監護人/助手姓名)			Guardian's/Helper's Mobile: (監護人/助手手機號)						
PERSONS AUTHORISED TO COLLECT CHILD (被授權接學生者)									
Name: Mobile: (姓名) (手機號)									
Name: (姓名)			Mobile: (手機號)						
MEDICAL AND OTHER NEEDS (醫療和其他需求說明)									
Does the applicant have any allergies, prescribed medication, health or physical concerns? ☐ Yes (是) ☐ No (否) (申請人是否有任何過敏,需要處方藥,健康或身體問題?)									
lf yes, please give details: (如果是,請提供詳情:)									
Any other medical issues? (請列舉需要注意的醫療事項(如有))									
Please inform us if there are any special circumstances (such as death, parent separation, adoption etc.) that may affect your child. (請告知是否有任何可能影響您孩子的特殊情況(如死亡,父母分居,收養等))									
IN CASE OF EMERGENCY (在緊急情況下)									
Name of Emergency Contact: (緊急聯絡人姓名)	Name of Emergency Contact: Emergency Contact's Mobile:								
PROGRAM (課程)			TIONAL STI 國際班)	REAM	DU	JAL LANGU <i>A</i> (雙語	SCHOOL BUS REQUIRED		

								(校車需要)
	AM (9am - 12noon) 上午班 (9 - 12 時)		- 4pm) (1 - 4 時)		(9am - 12noon) 午班 (9 - 12 時)		- 4pm) (1 - 4 時)	YES / NO (是 / 否)
PRE-NURSERY/TRANSITION (aged 2-3 years: birth year 2016) (2-3 歲: 2016 年出生)								
NURSERY (K1) (aged 3-4 years: birth year 2015) (3-4 歲: 2015 年出生)								
LOWER KINDERGARTEN (K2) (aged 4-5 years: birth year 2014) (4-5 歲: 2014 年出生)								
UPPER KINDERGARTEN (K3) (aged 5-6 years: birth year 2013) (5-6 歲:2013 年出生)								
	ADDITIONA	L INFORI	MATION (其他作	言息)			
Sibling's Name: (兄弟姊妹姓名)			Date of B (出生日期		dd / mm / yy (日/月/年)		Gender: (性别)	□M □F (男) (女)
Sibling's Name: (兄弟姊妹姓名)			Date of B (出生日期		dd / mm / yy (日/月/年)		□ M □ F (男) (女)	
How did you learn of Fairchild Kindergarten? (你如何知悉楓薈幼稚園?) □ Website □ Word of Mouth □ Newspaper □ Advertisement □ Facebook □ Other								
What is the educational path you have chosen for your child? What are your language goals for your child?								
(你為孩子選擇的教育路徑是什麼?) □ International School □ Local School □ Not yet decided (國際學校) (本地學校) (尚未決定) (你為孩子選擇的語言目標是什麼?) □ English □ Mandarin □ English and Mandarin (英語) (英語和普通話)								
CHECKLIST (檢查清單)								
A completed and signed Admissions Form (填妥並簽署的報名表)								
One photograph of the applicant (affixed to the admissions form) (申請人的一張照片(貼在報名表上))								
Copy of the applicant's Birth Certificate and/or Passport (with valid HK visa, for non-local family) (申請人的出生證明和/或護照副本(有效的香港簽證,非本地家庭)						٥		
Copy of applicant's immunization record & Report on Physical Examination (申請人的免疫記錄複印件和身體檢查報告)								
Copy of parents' HKID and/or Passport (with valid HK visa, for non-local family) (父母的香港身份證和/或護照副本(有效的香港簽證,非本地家庭))								
Application Fee of HK\$ 40								
PARENTAL CONSENT AND ACCEPTANCE (家長同意和接受)								
1. Ideclare that the information given in this admissions form is true, complete and accurate. (我聲明本報名表格中提供的信息是真實的,完整的和準確的。) 2. I understand that only completed applications, including submission of application fee, and all required documents, will be considered for the processing of my child's application. (我知道只有填妥的申請,包括遞交申請費,以及所有必需的文件,才會考慮處理我子女的申請。) 3. I understand that the school fee is payable over 11 months of the year – from August 2018 to June 2019. (我知道,學費是在一年中的 11 個月內支付的 - 從 2018 年 8 月至 2019 年 6 月。) 4. I agree that in the event of medical need, my child should be taken to the nearest public hospital. (我同意,如果有醫療需要,我的孩子應該送到最近的公立 醫院。) 5. I understand that the application fee is non-refundable, non-transferable, and non-deferrable. (我了解,申請費不可退還,不可轉讓,不可推遲。) 6. I give my consent for Fairchild Kindergarten to use the personal data provided in this form for the purpose of processing my child's application. (我同意,貴幼 稚園使用本表格提供的個人資料,以處理我孩子的申請。) 7. I understand that a one-month notice of my renewal intention for the next month is appreciated. (我知道,下個月續約意向通知為期一個月的通知將被要求。) 8. We □ give/ □ do not give permission for our child to join the class walking to local parks and shops within walking distance, weather permitting (student to adult ratio will be no more than 4:1). (我們 □ 給予/ □ 不給予我們的孩子在天氣允許的情况下步行到附近公園和商店参加課程(學生與成人的比例不超過4:1)) 9. We □ give/ □ do not give consent for Fairchild Kindergarten to use images of my child participating in school activities on the Fairchild Kindergarten website, social media pages, and promotional materials. (我們 □ 給予 □ 不給予 Fairchild Kinderarten 使用孩子参與學校活動的圖像在網站,社交媒體頁面和宣傳材料。)								
Parent/Guardian signature (安县/監部	生人签 名)					寸能)		