

Application Form

报名表



STUDENT'S PARTICULARS

学生资料

Name (as shown on passport) 姓名

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

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

Name of School

学校名称

Province, City or State

城市或地区

Country

国家

Year Started

开始就读年份

Year Ended

结束就读年份

Highest Level Completed

完成之最高学历

Name of School

学校名称

Province, City or State

城市或地区

Country

国家

Year Started

开始就读年份

Year Ended

结束就读年份

Highest Level Completed

完成之最高学历

Has your child taken any English lessons outside the 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

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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

Passport No. 护照号码

Nationality 国籍

Passport No. 护照号码

Nationality 国籍

Company Name 公司名称

Position 职位

Company Name 公司名称

Position 职位

Company's Address 公司地址

Company's Address 公司地址

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

(Office) 公司

Contact No 联络电话

(Home) 家用

(Mobile) 手机

(Office) 公司

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
女

 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

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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)

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

HEALTH

学生健康状况

Does your child/ward have any health problem, which may have an Influence on his/her participation in the classroom or at sports? For example, does your child have any allergies? Please submit all medical reports pertaining to any health problem(s).

您的孩子 / 收监护人是否有任何健康方面的问题? 是方面的问题是否会影响学生的学习或是参与学校活动? (例如: 您的孩子是否有过敏症状?) 请将相关方面的资料 详细写出并附上医学证明。

Documents to Submit

1. Copy of the Student's Passport and Original Birth Certificate (Official and notarized translation of documents is required if they are not in English language)
2. Copy of the Student's Dependent Pass/PR Identity card/Student pass (if applicable)
3. Copy of the last 1—3 years school report book/transcripts (Official and notarized translation of documents is required if they are not in English language)
4. Copy of Vaccination/Immunization Record
5. (Only for kindergarten and primary years applicant)
6. 2 passport-sized photographs
7. Copy Form V103 and eForm 16 (For Student Pass application)
8. Copy of Parents' Passports (Both Father's and Mother's)
9. Copy of Parents' Employment Pass/Dependent Pass/PR Identity card (Both Father's and Mother's)

请提交下列文件

1. 学生护照复印件
2. 学生出生证明复印件 (若非英文, 需翻译及公证)
3. 学生依亲通行证 / 新加坡永久居留证 / 学生准证复印件 (若有)
4. 学生过去一到三年的学校成绩单复印件 (若非英文, 需翻译及公证)
5. 学生疫苗接种记录 (仅限于学生签证申请者)
6. 2 张护照型照片
7. 表格 V103 及表格 e16 (仅限于学生签证申请者)
8. 父母亲护照复印件或身份证复印件
9. 父母亲工作证复印件 / 依亲通行证复印件 / 新加坡永久居民居留证复印件

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SIGNATURES

家长签名

- 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 held 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 xxx 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。
- 有个人信息严格保密：除政府部门要求外，信息仅供学校内部使用。

Signature of applicant 申请人签名

Date 日期

Signature of Parent / Guardian 家长 / 监护人签名

Date 日期

FOR OFFICIAL USE ONLY



DOCUMENTS CHECKLIST

入学清单

<input type="checkbox"/>	Pre-Course Counselling Form	前期咨询表格
<input type="checkbox"/>	Initial Assessment of Entry Requirements	入学条件初步评估
<input type="checkbox"/>	Placement Test (If applicable); otherwise, indicate N.A	入学测试 (若有); 若不适用, 请注明 N. A
<input type="checkbox"/>	Student Selection Interview Form	遴选面试表
<input type="checkbox"/>	Verification of Originality and Authenticity of Documents	原文件公证证明
<input type="checkbox"/>	Student Management System Update (New Applicant)	更新学生管理系统信息 (新申请)
<input type="checkbox"/>	Copy of the Student's Passport and Original Birth Certificate (Official and notarized translation of documents is required if they are not in English language)	学生护照复印件 学生出生证明复印件 (若非英文, 需翻译及公证)
<input type="checkbox"/>	Copy of the Student's Dependent Pass/PR Identity card/Student pass (if applicable)	学生依亲通行证 / 新加坡永久居留证 / 学生准证复印件 (若有)
<input type="checkbox"/>	Copy of the last 1—3 years school report book/transcripts (Official and notarized translation of documents is required if they are not in English language)	学生过去一到三年的学校成绩单复印件 (若非英文, 需翻译及公证)
<input type="checkbox"/>	Copy of Vaccination/Immunization Record (Only for kindergarten and primary years applicant)	学生疫苗接种记录 (仅限于学生签证申请者)
<input type="checkbox"/>	2 passport-sized photographs	2 张护照型照片
<input type="checkbox"/>	Copy Form V103 and eForm 16 (For Student Pass application)	表格 V103 及表格 e16 (仅限于学生签证申请者)
<input type="checkbox"/>	Copy of Parents' Passports (Both Father's and Mother's)	父母亲护照复印件或身份证复印件
<input type="checkbox"/>	Copy of Parents' Employment Pass/Dependent Pass/PR Identity card (Both Father's and Mother's)	父母亲工作证复印件 / 依亲通行证复印件 / 新加坡永久居民居留证复印件

Carried out and collected by 执行收集人

Name & Signature of Admission Executive 招生负责人姓名和签名

Date 日期

Verified by 核实人

Name & Signature of HOD 部门负责人姓名和签名

Date 日期
