

# STUDENT APPLICATION FORM 入學申請表

	A. Application Information 申請人資料	Please fill in as it appears on Passport or Birth Certificate 請按照身分證、護照或出生證明填寫			
Please attach applicant's photo here	Surname 姓				
	Given name(s) 名				
請把申請人的相 片貼在此處	Common name used at school 學校內常用的名字				
	Chinese name (if any) 中文姓名	M 男 F 女			
	Date of birth 出生日期	/ / (dd日/mm月/yyyy年)			
Applying for Grade: 報讀年級:	Place of birth 出生地點				
	Nationality 國籍	Chinese native place 籍貫			
	Passport number 護照號碼				
For the School Year: 報讀學年:	Visa type (if any) 簽証類別(如有)	Dependant 家團 Student 學生			
		Visitor 旅遊 Other 其他			
	Macao ID card number (if any) 澳門身份証號碼(如有)				
This application must be signed by the parent / guardian and submitted	First language used at home 家中第一語言	English 英文 Other 其他			
together with items listed		Chinese 中文 (Mandarin 普通話/Cantonese 廣東話)			
on the checklist on Page 4. Applications submitted by fax or email should also be	Previously attended/applied for admission to the S.O.N. 曾否於本校就讀/申請於本校就讀	Yes 是 No 否			
signed prior to admission being confirmed.	If yes 如是的話,	Which grade(s) School year(s) 什麼年級 學年			
此申請表必須連同第四頁的有 關資料,由家長或監護人簽名 後遞交。以傳真或電郵遞交的	DSEJ Macao student card No. 澳門教青局學生証號碼				
申請表亦必須在學位確認前由家長或監護人簽署。	Brother(s) / sister(s) currently studying at S.O.N. 是否有兄弟姐妹正在本校就讀	Yes 是 No 否			
FOR SCHOOL USE ONLY 學校專用	If yes 如是的話,	Name of sibling 其姓名			
Pate received:	0	Class 年級 School year 學年			
Application fee:		Name of sibling 其姓名			
🗆 YES 💷 NO		Class 年級 School year 學年			
Amount:					
Assessment:					
Date:	Cambridge Assessment	Diploma			
Time:	Cambridge International Education	b Diploma Programme			
Examiner:	127	1			

Name of applicant 申請者姓名				
Applying to grade 報讀年級		School year 學年		
Name of app	olicant 申請者	皆姓名		
Applying to gr	ade 報讀年級		School year	學年
Yes 有		No 否		
	to 至			
1	mm月/yyyy年	to 至	1	mm月/yyyy年
		Country 國	家	
Telephone 1	電話	Fa	csimile 傳真	
English 英語		Other 其他		
Chinese 中文				
Yes 有		No 否		
需要				
Yes 有		No 否		
	Applying to gr Name of app Applying to gr Yes 有 / Telephone 電 English 3 Chinese Yes 有	Applying to grade 報讀年級 Name of applicant 申請 Applying to grade 報讀年級 Yes 有 to 至 / mm月/yyyy年 Telephone 電話 English 英語 Chinese 中文 Yes 有	Applying to grade 報讀年級 Name of applicant 申請者姓名 Applying to grade 報讀年級 Yes 有   No 否	Applying to grade 報讀年級 Name of applicant 申請者姓名 Applying to grade 報讀年級 School year School

Has this child been recommended for assessment or is waiting to be assessed by CAPEE/DSEJ or other special needs evaluation process? Please explain. 申請人是否曾被建議或正在等待接受教育 心理輔導暨特殊教育中心 / 教青局或其他特殊教育需要機構的評估?請作出解釋。

# **D. Other Interests**

其他興趣

Please give details of special interests and/or abilities that the applicant has in the areas of sports and/or arts. 請列出申請人在體育及/或藝術方面的興趣。



## E. Health 健康狀況

Please supply information regarding the applicant's health and/or behaviour which might affect his/her performance in the classroom, or limit participation in physical education activities and/or field trips. Information on allergies and/or medication(s) taken on regular basis must be provided.

請提供有可能影響或限制申請人在參與課堂、體育課或外出活動時所表現的健康或行為上的資訊。任何 敏感症狀或經常性藥物治療的資料必須提供。

F. Correspondence Address (please ) 通訊地址(請用正楷填寫)	print)				
		-	555 00000 <u>0</u>		
			Country 國家		
	Telephone 電話	5	Facsi	mile 傳真	
Name of guardian 監護人姓名					
Contact of guardian 監護人聯絡方法	Contact numb	er 電話			
	Email address	。雪郵抽計			
		5 电到2024	·		
G. Parent Information 父母資料					
Father's name 父親姓名					
Nationality 國籍					
Macao ID card / Passport number 身份証/護照號碼					
Contact number 聯絡電話	Home 家		Mobile	手機	
Email address 電郵地址					
Company name 公司名稱			Position held I	設位	-
				N, 1.22	
Company address 公司地址					
Mother's name 母親姓名					
Nationality 國籍					
Macao ID card / Passport number					
身份証/護照號碼					
Contact number 聯絡電話	Home 家		Mobile	于機	
Email address 電郵地址					
Company name 公司名稱		F	Position held 鵈	t位	
Company address 公司地址					
100 m 20					

#### H. Parental Agreement 家長同意書

Students may only enroll at the School of the Nations (S.O.N.) if at least one parent or legal guardian is a full-time resident in Macao. I, the undersigned, agree that this applicant will be living with at least one parent or a legal guardian while enrolled in the S.O.N.

I hereby give S.O.N. permission to obtain records from the applicant's current school.

I hereby certify that the information given in this application is true and complete to the best of my knowledge. I fully understand that if I fail to provide accurate information for this application, S.O.N. reserves the right to restrict entry into, or withdrawal of a place from, the school.

I understand data collected will be used for processing the admission application only.

若學生父、母(至少一方)或合法監護人不在澳門長期居留,聯國學校恕不接受報讀申請。本人(簽名如下) 同意申請人在入讀聯國學校時,與至少父母一方或合法監護人一起於澳門居往。

本人同意聯國學校取得申請人現在所就讀學校之成績記錄。

本人証實在此報名表上所填寫的資料一切屬實。本人亦清楚明白若本人不能提供真實資料,聯國學校有權終止報名程序或要求學生立即退學。

本人明白現在所提供的一切資料只作入學申請之用。

Parent's/Guardian's name (Please print) 家長/監護人姓名(請以正楷填寫) Relationship with the Applicant 與申請人之關係

### Signature 簽名

Date 日期

Student's academic performance and conduct are reviewed on a regular basis. During the course of this review, if we determine that S.O.N. is unable to provide suitable programme for a student, we will consult with parent(s) to consider an alternative placement.

聯國學校將定期評估學生的學業成績和品行。在評估中若發現本校課程不適合 貴子弟,本校將與家長磋商,並可能建議家長另尋更適 合 貴子弟之學習環境。

I. Checklist Items to be submitted with the application 報名清單 報名時所需資料

- □ A completed and signed application form 一份填好及已簽名的報名表
- □ Three recent photographs with one attached to this application form 三張近照,其中一張貼於報名表上
- Originals and photocopies of report cards or transcripts of the last two school years. If reports are not issued in English or Chinese, please also provide a translation copy in English. 最近兩年所就讀學校的成 績表正、副本,如成績表不是以中文或英文發出的話,請同時附上英文翻譯本
- Original and photocopy of passport / Macao ID card 護照或澳門身份証正、副本
- Original and photocopy of passport / Macao ID card of parents / guardian 父母或監護人護照 / 澳門身份證正、副本
- Photocopy of electricity / water or phone bill 水、電話或電話費單副本
- □ A non-refundable and non-transferrable application fee 不可退款或轉讓的報名費

Please submit application to 請把報名表送到:

SCHOOL OF THE NATIONS	澳門
RUA DO MINHO	氹仔米尼奧街
TAIPA	聯國學校
MACAU S.A.R.	19824-24 5, 17949

Telephone 電話:	(853)2870-1759
Facsimile 傳真:	(853)2870-1724
Email 電郵:	admin@schoolofthenations.com
Website 網址:	www.schoolofthenations.edu.mo

