

菲律賓基督教靈惠學院
Grace Christian College
Kindergarten Department
APPLICATION FORM

幼稚園部
入學申請表

S. Y. 20 _____ — 20 _____



申請日期
Date Applied: _____

幼小班(上午/下午) 幼中班(上午/下午) 幼大班(上午/下午) 幼兒班 日托班
 Toddlers (a.m./p.m.) Nursery (a.m./p.m.) Preparatory(a.m./p.m.) Kinder Extension Care

申請者個人資料
I. APPLICANT'S PERSONAL BACKGROUND

英文姓名 _____ 中文姓名 _____
English Name: _____ Chinese Name: _____

住址 _____
Address: _____

電話號碼 _____ 出生日期 _____ 性別 男 女
Telephone Number: _____ Date of Birth: _____ Sex: M F

出生地 _____ 年齡(從六月算起) _____ 年 _____ 月份 _____
Place of Birth: _____ Age by June: _____ years _____ months

緊急時聯絡人 _____ 關係 _____
Person to contact in case of emergency: _____ Relation: _____

聯絡電話 / 手機電話 _____ 語言應用 _____
Contact No. / Mobile No. _____ Language/s Spoken: _____

兄弟(人數) _____ 姐妹(人數) _____ 申請者序列 _____
No. of brothers: _____ Sisters: _____ Ordinal Position of child applying: _____

兄弟姐妹就讀靈惠學院(人數) _____
No. of brother(s) / sister(s) studying in Grace Christian College: _____

姓名 Name:	英文班級 English Grade/Level:	漢文班級 Chinese Grade/Level:	家庭編號 Family Number:

先前讀過的學校 _____ 日 _____ 期 _____
Previous School/s attended: _____ Duration of attendance: _____

先前學習課程(包括唱歌、舞蹈、畫畫和其他) _____
Previous Learning Experience: (singing, dancing, drawing, etc.) _____

FOR KINDERGARTEN OFFICE USE ONLY

- * DOCUMENTS SUBMITTED:
- _____ Photocopy of Birth Certificate (show original NSO)
 - _____ Photocopy of Report Card (for Kinder only)
 - _____ 1x1 RECENT Picture (2 copies)
 - _____ A.C.R. / I Card
 - _____ Photocopy of immunization Record

Official Receipt No.: _____

_____ Supervisor

Date: _____

家庭資料

II. FAMILY BACKGROUND

父親
Father: _____
(English Name) 英文姓名

(Chinese Name) 中文姓名

住址
Address: _____

電話 _____ 手機 _____
Tel#: _____ Cel.No.: _____

國籍
Citizenship: _____

宗教
Religion: _____

職業
Occupation/Profession: _____

辦公室地址
Office Address: _____

靈惠校友?
Grace Alumnus? 是 Yes 不是 No

畢業日期
Year Graduated: _____

Email address: _____

母親
Mother: _____
(English Name) 英文姓名

(Chinese Name) 中文姓名

住址
Address: _____

電話 _____ 手機 _____
Tel#: _____ Cel.No.: _____

國籍
Citizenship: _____

宗教
Religion: _____

職業
Occupation/Profession: _____

辦公室地址
Office Address: _____

靈惠校友?
Grace Alumnus? 是 Yes 不是 No

畢業日期
Year Graduated: _____

Email address: _____

Fees:

- Interview Fee: P600 (non-refundable)
- Reservation Fee: P5,000 (non-refundable / non-transferable)
To be paid after the acceptance list is published and you are certain to reserve a slot for your child.
This reservation fee will be applied towards your tuition fees during the New Students Registration dates.
- New Student Fee: P2,000 to be paid during the New Students Registration dates.

We certify that all information contained in this Application Form, documents submitted, and Health Record are true and correct. In the event that some data are proven false and incorrect, the school has the right to request the transfer of our child and we will voluntarily comply. We hereby agree to the admission requirements and fees of G.C.C. Kindergarten Department and will abide by the rules and regulations, and other school policies issued from time to time.

Father's Printed Name
父親姓名

Father/Guardian's Signature
父親或監護人簽名

Date
日期

Mother's Printed Name
母親姓名

Mother/Guardian's Signature
母親或監護人簽名

Date
日期