

COURSE APPLICATION FORM 课程报名表
APPLICANT'S INFORMATION 申请者资料

Applicant's Name 申请者姓名:

Current school 目前就读学校:

Gender 性别: *Male 男 / Female 女

Date of birth 出生日期:

Nationality 国籍:

Race 种族:

Singapore PR 永久居民: *Yes 是 / No 否

Mobile No. 手机号码:

Home Tel 住家电话:

Email 电邮:

Current address 居住地址:

Subject / Course Enrolled 登记的科目 / 课程:

Current subjects' grades 目前科目成绩:

English 英文 _____ Chinese 华文 _____ Mathematics 数学 _____ Science 科学 _____ P.O.A. 会计 _____

Others 其他:

PARENT'S INFORMATION 家长资料
(For applicants below 18 years old 如果申请者的年龄在 18 岁以下)

Parent's Name 家长姓名:

Office No. 办公室电话:

Email 电邮:

Mobile No. 手机号码:

AGREEMENT 协议

A. I understand that the instructor will try his/her best to bring out my learning potential. I will need to cooperate with the instructor in order to achieve the desired results.

我明白导师将尽他所能地激发我的学习潜能。我必需与导师合作，以达所要的效果。

B. KAIROS International Academy will not replace any missed lesson on my part as the day and timing of the class is a fixed schedule. The lesson is still deemed as payable. No extension of lesson will be given due to my late-coming.

如果我缺课, 凯若国际学院将不会补课, 原因是我们有一个固定的时间表。缺席的课仍照算在学费内。如果我迟到, 上课的时间也不会因我而延长。

C. Upon registration for any course, I will need to pay the course fee for that month / the entire programme as well as an administration fee of \$10. For subsequent months, course fee must be paid before the first day of every month.

登记任何课程时, 我将需支付那个月或整个课程的学费, 以及 10 元的行政费。随后, 学费须在每个月的第一天之前提交。如果迟交学费, 我们可施加 10 元的迟交行政费。

*Delete where applicable 删除不必要的

D. No fee is refundable under any circumstance.

在任何情况下, 学费将不会被退还。

E. No payment shall be made to the instructor at all times, unless he/she is a staff of Harvest Care Centre or an authorized person by Harvest Care Centre to collect fees.

在任何时候, 学费不应直接支付给导师, 除非他是丰收关怀中心的职员或受丰收关怀中心委托来收学费者。

F. I understand that the course fee is differentiated from the administration fee. When I register for any course, I will need to pay the course and administration fees.

我明白课程费与行政费有区别。登记任何课程时, 我将需要支付课程费与行政费。

G. The cost of any required assessment books will be borne by me, unless otherwise stated.
除非另有说明, 我将承担任何必要的练习本的费用。

H. I understand that my personal data will be processed and managed in compliance with the Personal Data Protection Act 2012. By filling up and submitting this form, I am expressly consenting for Harvest Care Centre to collect, use, disclose and/or retain my personal data in the manner set forth in its Personal Data Protection Policy, which is available at <http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

我了解丰收关怀中心 (HCC) 将会按照新加坡《个人资料保护法令》管理并妥善处理我的个人资料。填写和提交这表格即表示我明确同意依照 HCC 个人资料保护政策所列出的方式收集、使用、披露和/或保管我的个人资料。我知道我能够在以下的网址阅读 HCC 的个人资料保护政策:
<http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

SIGNATURE 签名

I verify that the information provided on this form is true and agree to the above terms.
我所提供的资料是真实的, 并且同意以上的条件。

Signature 签名:

Date 日期:

FOR OFFICIAL USE ONLY:

Administration fee paid: \$10 ()

Receipt No.:

Staff Name / Signature:

Date:

*Delete where applicable 删除不必要的