

ESF Language Programme Registration Form

英基語言課程申請表



EDUCATIONAL SERVICES
教育服務

5/F Cigna Tower, 482 Jaffe Road
Causeway Bay, Hong Kong
Tel: 2711 1280 Fax: 2711 8007
www.esf.org.hk

Please complete in **BLOCK LETTERS** 請以英文大楷填寫 *Personal information is collected for registration administration only 所收集的個人資料只作註冊及行政用途*

| Section 1 – STUDENT DETAILS 學生資料 | | | |
|--|--------------------|---|-------------------------|
| Name 姓名 (in English 英文) | Family Name 姓 | Given Name 名 | English Given Name 英文名 |
| Date of Birth 出生日期 (dd/mm/yy 日/月/年) | Age 年齡 (yy/mm 年/月) | Gender 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男 | |
| School Attending 就讀學校 | | | School Year/Grade 學年/級別 |
| I would like to re-enrol my child in the same class, level and location <input type="checkbox"/> Yes - please go to section 4 (only if the contact details remain the same) <input type="checkbox"/> No - Please go to Section 2 本人欲為子女報讀相同時間和地點之課程 <input type="checkbox"/> 是 — 請直接填Section 4 (如果聯絡細節不變) <input type="checkbox"/> 否 — 請繼續填餘下部分 | | | |

| Section 2 – CONTACT DETAILS 聯絡資料 | | | |
|---|---------------------|--------------------------|-------------|
| Name of Contact Parent 家長姓名 / Guardian 監護人姓名 | | | |
| Home Phone 住宅電話 | Home Fax 傳真 | Office Phone 辦公室電話 | |
| Mum's Mobile 母親手提電話 | Dad's Mobile 父親手提電話 | Emergency Contact 緊急聯絡電話 | |
| E-mail 電郵 | | | |
| Postal Address 郵寄地址 | | | |
| Flat/House 室 | Floor 樓 | Block/Tower 座 | Building 大廈 |
| <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 | | | |
| Street/Road 街道 | District 地區 | Area 區域 | |
| How did you hear about ESF Language Programmes? 您如何得知英基語言課程? <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Newspaper 報紙 <input type="checkbox"/> Open Day 開放日 <input type="checkbox"/> Website 網址 <input type="checkbox"/> Postal Circular 郵政通函 <input type="checkbox"/> Other 其他 | | | |
| Does the student have any special needs caused by ill health / a medical condition? If so, please specify her/his requirements. 學生是否有藥物或其他身體狀況需要教師特別注意? 如果有, 請註明。 | | | |

| Section 3 – PROGRAMME DETAILS 課程資料 | | | |
|---|---|--|--|
| <input type="checkbox"/> ENGLISH 英語 | <input type="checkbox"/> SPECIALIST 精選 | <input type="checkbox"/> HOLIDAY PROGRAMMES 假期課程 | <input type="checkbox"/> SPANISH 西班牙語 |
| <input type="checkbox"/> Kindergarten 幼稚園 (Ages 年齡 3-5) <input type="checkbox"/> Primary 小學 (Ages 年齡 6-11) *Course book fee \$250 to be added to Programme 1 course fee 須於第一期課程學費外另繳\$250作為課程用書費用。 <input type="checkbox"/> Secondary 中學 (Ages 年齡 12-16) | <input type="checkbox"/> Primary 小學 <input type="checkbox"/> Secondary 中學 <input type="checkbox"/> Interview 面試 <input type="checkbox"/> Writing 寫作 <input type="checkbox"/> Debating 辯論 <input type="checkbox"/> Academic Achievers 學業提升 | <input type="checkbox"/> Winter Camp 冬日營 <input type="checkbox"/> Spring Camp 春日營 | <input type="checkbox"/> New Student 新生* <input type="checkbox"/> Existing Student 現正就讀之學生 *Course book fee \$250 (Spanish) to be added to Programme 1 course fee 須於第一期課程學費外另繳\$250(西班牙語)作為課程用書費用。 |
| CAMBRIDGE EXAM OPTION Do you want ESF Educational Services to consult you when the student is considered ready to take an appropriate Cambridge exam? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 劍橋考試—若學生已達劍橋英語考試的應考標準, 您是否希望我們向您作出諮詢? | | | |
| LOCATION(S) 地點: | DAY(S) 日期: | TIME(S) 時間: | |

| Section 4 – PAYMENT DETAILS 付款詳情 | | | |
|---|--------------------------------|--|--|
| *Applications without payment details will NOT be accepted or processed *學費必須連同申請表一同遞交, 否則將不獲受理 | | | |
| AMOUNT PAYABLE 祈付款額 | | | |
| Course Fee(s) 學費 \$ | + Course Book Fee(s) 課程用書費用 \$ | = Total 合共 \$ | |
| <input type="checkbox"/> Cheque Payment 以支票付款 (Cheque 支票號碼 # _____) Please make your cheque payable to 支票抬頭請註明 ESF Educational Services Limited | | | |
| <input type="checkbox"/> Credit Card Payment 以信用卡付款 — Course book fees will be added to Term 2 course fee 課程用書費用須另行繳付。 Amount to be charged 繳付款額 HK 港幣 \$ _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB We do NOT accept American Express 我們不接受以美國運通卡付款。 | | <input type="checkbox"/> Three Programme 10% Discount 三學期九折優惠 Payment will be taken in 2 weeks before the start of each programme. 款項將於開課前兩星期繳付。 <input type="checkbox"/> I have read and understood the Terms and Conditions. (Please see our website) 本人已閱讀並瞭解報讀之條款及細則。(請參閱我們的網頁) | |
| Credit Card No. 信用卡號碼 | | | |
| Cardholder's Name 持卡人姓名 (BLOCK LETTERS 請以英文大楷填寫) | Contact Number 聯絡電話 | | |
| Expiration Date 信用卡到期日 (mm/yy 月/年) | Cardholder's Signature 持卡人簽名 | | |
| By signing, I hereby authorise ESF Educational Services Limited to charge the specified credit card account in the indicated amount on the specific dates. I promise to pay such total subject to and in accordance with the agreement governing the use of such card. 本人特此簽署及聲明授權予英基教育服務有限公司於指定日期從指定信用卡戶口收取以上所註明費用。本人同意支付以上註明之全數款項, 並受有關信用卡之使用條款及細則約束。 | | | |

| Section 5 – CONSENT DETAILS 同意書 | |
|---|---------|
| In enrolling my child in ESF Educational Services Ltd. (ESL) classes, I agree that my child will abide by the rules and regulations set out in the policy section of www.esf.org.hk. I will not hold ESL responsible for any injury or damage to my child, myself, my family members or my property as a result of participation in ESL's programmes. 本人同意吾子女就讀英基教育服務有限公司 (英基) 之英語課程, 並願意遵從該公司於www.esf.org.hk《守則項》列出之規章及守則, 本人明白吾子女、本人、家庭成員在參加課程及活動中如有任何損傷或造成任何財務損失破壞, 英基概不須負責。 | |
| Signature of Contact Parent / Guardian 聯絡人/ 監護人簽署 | Date 日期 |