2016 暑期遊學@牛津 申請表格

Application Form of Oxford Summer Camp 2016

甲部 Part A: 學生資料 Student Personal Information

| (請以正楷填寫,並與身份證/旅遊證件相同。In BLOCK letter as pri | nter in your HKID card/Passport) |
|---|---|
| English Name(英文姓名): | 中文姓名(Chinese Name): |
| 學校名稱 School Name: | 級別 Class: |
| 性別 Sex: | 出生日期 Date of Birth://(D/M/Y) |
| 旅遊證件 Travel Document: 香港特區護照 HKSAR Passport | 其他 Other: |
| 旅遊證件號碼 Passport/Visa Number: | 有效期至 Expiry Date://(D/M/Y) |
| 通訊地址:Corresponding Address: | |
| 聯絡電話 Telephone:手機 Mobile: | 電郵 Email: |
| 乙部 Part B:家長/監護人資料 Parent / Guardian Details | |
| 姓名 Name: | elationship: |
| 聯絡電話 Telephone:手機 Mobile: | 電郵 Email: |
| 通訊地址:Corresponding Address: | |
| 丙部 Part C: 學生健康申報 Student Health Information | |
| 1. 你是否對某些食物、藥物或其他東西有敏感? Are you allergic to a | any food/substance? |
| □ 香 No □ 是 Yes, (請註明) give details | |
| 2. 你是否長期服食藥物?Are you on medication? | |
| □ 否 No □ 是 Yes, (請註明) give details | |
| 3. 你是否曾經患過嚴重的疾病? Do you have any serious disease? | |
| □ 否 No □ 是 Yes, (請註明) give details □ | |
| 4. 你是否曾經入醫院接受手術? Have you ever undergone any surgery | y ? |
| □ 否 No □ 是 Yes, (請註明) give details □ | |
| 5. 你是否有其他健康問題? Do you have other health problem? | |
| □ 否 No □ 是 Yes, (請註明) give details □ | |
| 丁部 Part D: 團費 Fee | |
| 團費 HK\$28,800*(原價 HK\$38,800,ECA for Future 贊助 HK\$10,000,名 | 額 5 名),付款詳情参閱報名須知及條款细則。 |
| Fee: HK\$28,800*(Original price: HK\$38,800, sponsorship of HK\$10,000 will be granted to 5 students by ECA for Future) | |
| 戊部 Part E: 申請人同意書 Applicant Declaration | |
| 本人己清楚閱讀及同意接受報名須知及條款細則并於以下簽署作實。 | |
| I sign on this page to indicate that I have read and agree the terms and conditions written | n on appendix 1. |
| 本人同意小兒/女(學生姓名)參加上述遊學團。謹此聲明閱 | 康申報正確無訛及身體狀況良好,並無任何疾病導致不適宜參加是 |
| 次活動。若不注意安全或不遵守主辦機構或隨隊老師的指導而遇到任何意外,引致 | 損傷,本人不會向主辦機構或隨隊老師追究任何責任或賠償。 |
| I agree my child(name of student) to join the above education | tion exchange tour. The health information in Part C is correct and the |
| health condition is good. My child does not have any health problems which deter hi | m/her from participating in the programme. If my child does not pay |
| attention to safety or not follow the instruction of the programme operators/teacher, sho | ould he/she come across any accident and bring about any injury, I will |
| not claim responsibility or compensation from the programme operators/teacher | |
| 家長/監護人姓名 Name of Parent/Guardian: | |
| 家長/監護人簽署 Signature of Parent/Guardian: | 旦期 Date: |