

Please return this section to UISGZ or UISZC front desk before June 5th, 2009

## APPLICATION FORM

Student's Name

学生姓名

D.O.B

出生日期

School

学校

Current Class

目前班级

**Student's English Level (tick in the box)** 学生的英文程度(或勾)

Is in ESL withdrawal program 目前有参加ESL的课程

Needs some assistance at Grade level 目前在课堂上需要一些帮助

Is confident at Grade level 在课堂上很自信,表达自如

**Program Applied for (tick in the box)** 申请就读课程(划勾)

Intensive English Program 英语强化班

Holiday Care Program 暑期托管班

Home Address

详细家庭住址

Mother's Mobile Number

母亲手机号码

Father's Mobile Number

父亲手机号码

Home Number

家庭电话

Fax Number

传真号码

Email 电子邮件

Emergency Contact person and Number

紧急联络人姓名及电话