



## STUDENT APPLICATION FORM

### 蔚翎学生申请表

Please complete this form in as much detail as possible. We need this information to be able to process the application for the student. Information that is mandatory for the student to provide is indicated below with a \*.

If you fail to complete all required sections, your application may be jeopardized or delayed.

请尽量提供你能提供的信息，所有带星号\*的项目是必填项目，如果您未能填写必填选项将会导致申请处理延迟

**English Only 请使用英文填写本表格 Please fill in this form using English only.**

### The Student 学生信息

Surname 姓 *		First Names 名 *		
Preferred Name 英文名		Date of Birth 出生日期 *		
Nationality 国籍 *		Ethnic Group 民族 *		
Address 家庭住址 *				
Passport No. 护照号码 *		Citizenship No. 身份证号 *		
Major family members 主要家庭成员 *	Name 姓名	Contact No. 联系电话	Occupation 职业	Relationship 关系
Telephone 联系电话 *		Mobile 手机 *		

### Course details 课程信息

Please tick 请选择要读的课程在要读的课程前面打“√”	
<input type="checkbox"/>	A-Level 蔚翎英高课程
<input type="checkbox"/>	GCSE 蔚翎英高课程
<input type="checkbox"/>	Avaline Diploma Level 3 蔚翎大学本科预备课程
<input type="checkbox"/>	Avaline Graduate Diploma Pre Master 蔚翎大学硕士预备课程
<input type="checkbox"/>	Avaline English 蔚翎英文
<input type="checkbox"/>	Avaline Short Course 蔚翎短期课程
Proposed month and year of entry 入学时间 *	

### Centre Location 蔚翎校区

Please State Centre Location 请填写要读的蔚翎校区	



## Schools Information 院校背景信息

Please state the name and address of the present school (with dates of attendance) 请给出学生之前就读学校信息	
Name and address of school 学校名称及地址*	
Dates of attendance 就读日期 *	
Qualifications taken/achieved 所取得的证书*	
Name and address of school 学校名称及地址*	
Dates of attendance 就读日期 *	
Qualifications taken/achieved 所取得的证书*	

## Interests 个人兴趣

<p>Please outline any of the student's artistic, dramatic, musical or sporting skills or experience and other hobbies or interests (if applicable) 在此填写学生的个人特长和个人爱好</p>

## Medical & Special Educational Needs (SEN) (if applicable) 个人健康背景信息

Please give details of any medical conditions 学生健康状况说明 本信息非常重要，家长及法定监护人要如实填写。如果家长忽视或有意隐瞒任何信息，导致学生在校期间的用药，食物等过敏症状，由家长和学生自行承担后果。	
Do you have private health insurance ? * 学生是否购买了私人医药保险 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If yes please give details 如果有请给出详细信息

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Are there any current medical problems? * 学生目前是否有用药过敏史  <div style="text-align: right;"> <input type="checkbox"/> Yes 是    <input type="checkbox"/> No 否                 </div>	If yes please give details 如果有请给出详细信息
Do you have any other serious allergies eg: food/animals? * 学生是否对食物, 动物及植物过敏  <div style="text-align: right;"> <input type="checkbox"/> Yes 是    <input type="checkbox"/> No 否                 </div>	If yes please give details 如果有请给出详细信息
Please provide details of any previous surgical operations or serious injuries or illnesses: * 请提供学生是否有过手术, 或是其他疾病? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Please provide details of any medical history: 请提供详细信息如果学生有服药。	
Is there a past history of any of the following 学生是否有或曾经有以下症状? 家长需如实填写, 如果没有以下症状需要在横线注明 NO *	
Asthma 哮喘 _____	Tuberculosis 肺结核 _____
Heart Disease 心脏疾病 _____	Eczema/Dermatitis 湿疹/皮炎 _____
Visual Problems 视力 _____	Hearing/Ear Problems 听力 _____
Eating Disorders 饮食(eg. Anorexia nervosa/bulimia) 例如厌食等 _____	
Psychological problems 心理疾病, 例如忧郁症 _____	
Any other significant medical conditions? 其他重大用药或治疗信息 _____	
Do you have any specific learning difficulties or special education needs? 是否有学习障碍, 或需要提供额外的支持。	

Please complete the attached Confidential Information Form, if applicable, in order to assist us with making any special arrangements which are required for school visits and / or entrance assessments  
 请如实填写本表格, 来是我们做出评估, 如果需要学校专员访问或现场评估请于我们的工作人员联系。

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the school's Terms and Conditions will be supplied on request.

我们建议学生提前申请, 学校收到学生申请表后才回开始处理申请。录取通知书将在学校根据学生申请材料审核成功后发出, 学校的条款与条件文件如果学生需要可以与我们索取。



## How we will use the information provided in this form 我们如何使用本表格信息

This information will be used by the School during the admissions process in order to manage and assess your application and the student's suitability for a place at the School. 本表格信息将会在审核学生申请的时候使用，其信息将用于学校考虑是否录取学生。

For example 例如:

1. We may contact the student's current or previous school to ask for a reference including information on safeguarding 我们将联系学生之前的学校来确认学生提供的相关文件的真实性;
2. We may contact other people with parental responsibility to check that they consent to the student (if under 18 years) joining the school. 我们工作人员将联系未满 18 岁的学员家长及监护人;
3. The Confidential Information Form will be used to ensure that we have made any reasonable adjustments / suitable arrangements for the student when they visit the school or during any entrance assessments and subsequently if they are offered a place 我们使用表格里面的私人信息来衡量学生，从而做出判断，其中包括入学考核，面试等;
4. We may share your information with credit reference agencies 我们在必要的时候将与相关监管部门，政府职能部门及第三方共享本表格信息。

We may also need to share information with Avaline Branches or other local partnership schools and colleges in the case of student registration or visa application. 如果学生需要注册或是赴英国留学需要签证文件的时候，我们将与大卫歌姆院校集团旗下成员单位共享本表格信息，或蔚翎中学当地合作院校共同使用本表格信息。

If the student is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process 如果申请后未能通过考核，或是因为其他原因学生未能入学，我们将根据蔚翎中学的实际需要保存本信息。在特定的情况下信息将会被在学校录取周期结束后销毁。

## Safeguarding and child protection 保障措施及儿童保护

Avaline School committed to safeguarding and promoting the welfare of students and young people and expects all stakeholders to share this commitment. We have a number of policies and procedures in place that contribute to our safeguarding commitment, including our Safeguarding and Child Protection Policy which can be viewed in the Policies section of our website.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a student's welfare. We will ensure that our concerns about our students are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the student's welfare.

蔚翎学校非常重视校园的保障措施及宣传儿童保护法来维护我们学生的利益，更多的保障条款将会更新到蔚翎中学官方网站上。当出现意外情况的时候我们将与学校合作的机构，第三方机构共同使用本表格信息。

We actively support the measures to counter radicalism and extremism. 我们坚持拥护减少种族及各种歧视和校园暴力。

## Declaration 声明

I/We have read and understood how we the school will use the information provided on this form. 我/我们自阅读并完全明白学校如何使用本表格的个人信息。

I/ We have provided full and complete information about the student in this Medical and SEN Information Form 我/我们声明提供了准确的，详细的学生健康状态信息。

I/ We agree to inform the school in the event that the student's health or SEN needs change 我/我们清楚的了解我们需要及时向学校更新学生的健康状态。

I/ We also agree to inform the school of any medication or treatment the student is receiving as I understand that appropriately qualified school staff may administer medication or need to refer on to Medical, Dental and Optical specialists as required 我/我们同意在学生就读期间当学生需要就医时，我授权学校的相关员工可以陪同学生就医。

Student Name 学生姓名:	Secondary Signatory 第一监护人	Secondary Signatory 第二监护人
Student's Signature 学生签字:	Signature 监护人签字	
Name in full (please include all names) 监护人姓名		
Relationship to student 与学生的关系		
Date 日期		

