

COURSE APPLICATION FORM 课程报名表格		
APPLICANT'S INFORMATION 申请者资料		
Applicant's Name 申请者姓名:		
Birth Cert. / NRIC No. 出生证 / 居民证号码:		Gender 性别: *Male 男 / Female 女
Current school 目前就读学校:		Age 年龄:
Nationality 国籍:	Race 种族:	Date of birth 出生日期:
Singapore PR 永久居民: *Yes 是 / No 否	Religion 宗教:	Home Tel 住家电话:
Email 电邮:		Mobile No. 手机号码:
Current address 居住地址:		
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		
<p>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.</p> <p>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.</p> <p>C. Upon registration for any course, I will need to pay the course fee for that month as well as an annual administration fee of \$10 and material fee of \$20 per subject. For subsequent months, course fee must be paid before the first day of every month. A late administrative charge of \$10 may be imposed for late payment of fee.</p> <p>D. No fee is refundable under any circumstance.</p> <p>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.</p> <p>F. I understand that the course fee is differentiated from the administration and material fees. When I register for any course, I will need to pay the course, administration and material fees. The administration and material fees have to be renewed by the first of January of every year.</p>		
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:		
Annual administration fee paid: \$10 ()		Receipt No.:
Staff Name / Signature:		Date:

*Delete where applicable 删除不必要的

KAIROS International Academy

165 Sims Avenue #04-02 Harvest Care Centre Singapore 387606

T | +65 6494 2780 F | +65 547 8843 E | kairos@harvestcare.org.sg W | www.harvestcare.org.sg