



Atelier 課程

報名表格

| 兒童姓名 (Chinese 中文) _____ Name of child (English 英文) _____ | Sex 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女 | Photo 照片 | | | | | | | | |
|---|--|------------------|-----------|--|--|--|--|--|--|----------|
| Date of birth 出生日期: _____ Day 日 _____ Month 月 _____ Year 年 _____ | Age : Yrs ___ Months ___ 年齡: 歲 月 | | | | | | | | | |
| Name of school attending 就讀學校 _____ Year/grade 年級: _____ | OFFICE USE ONLY: C / E / M / A | | | | | | | | | |
| Name of father 父親姓名: _____ Mobile 手提電話: _____ Tel (Home) 住宅電話: _____ Tel (Business) 公司電話: _____ Name of mother 母親姓名: _____ Mobile 手提電話: _____ Tel (Home) 住宅電話: _____ Tel (Business) 公司電話: _____ Address 地址: _____ Fax 傳真: _____ E-mail 電郵: _____ | | | | | | | | | | |
| Has the student been identified as having Specific Learning Disabilities (SLD)? Yes / No If yes, please attach a photocopy of the assessment report. 如經專業評估為特殊學習障礙者, 請附上評估報告副本。 | | | | | | | | | | |
| Please give any information regarding your child's interests, strengths, particular needs, and learning styles that might enable us to help him/her more effectively: 請提供有關你的兒童的興趣、強項、特別需要和學習模式的資料, 讓我們可以更有效地幫助他/她。 | | | | | | | | | | |
| Please give the name(s) of the related elementary course(s) that the student have been finished or any supported information if you are going to enroll any intermediate course(s): 如報讀進階課程, 請說明曾報讀有關的初階課程名稱或有關學歷。 | | | | | | | | | | |
| Please fill in the selected course(s) for your child. 請為 貴子弟填上報讀的課程 Enroll "Digital Media Foundation Certificate" course 報讀修讀證書課程? 是 Yes / 否 No | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Course name 課程名稱</th> <th style="width: 30%;">Amount 費用</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | Course name 課程名稱 | Amount 費用 | | | | | | | Total 合共 |
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| <i>If you need financial assistance, please obtain an application for reduced fees. 如需本會提供學費資助, 請向本中心查詢。</i> | | | | | | | | | | |
| * Please submit this form and copies of assessment/ reports by fax (2870 1779), email (info@pathways.org.hk) or mail to: G/F, 44 Shing Tak Street, To Kwa Wan, Kowloon * 請將這報名表連同評估報告副本傳真 (2870 1779), 電郵(info@pathways.org.hk)或寄回 : | | | | | | | | | | |
| 九龍土瓜灣盛德街 44 號地下. 博思會收 | | | | | | | | | | |
| Parent/Caregiver Signature 家長/監護人簽署 | Date 日期 | | | | | | | | | |