

School Year 2018 – 2019

 School Year 2019 – 2020

| SCHOOL USE ONLY | |
|------------------------|----------------------|
| Date Received: | Application Fee: |
| School Tour Date: | Sibling: |
| Interview Date / Time: | GenCE School: |
| Tuition Deposit: | Entering Year Level: |

| APPLICATION CHECKLIST | |
|--|---|
| <input type="checkbox"/> Completed and signed application form | <input type="checkbox"/> Copy of BOTH parents' passport and HK ID (if applicable) |
| <input type="checkbox"/> One recent photo attached to this form | <input type="checkbox"/> Copy of school reports (in ENGLISH) from the last two academic years |
| <input type="checkbox"/> Copy of applicant's birth certificate, passport and HK ID (if applicable) | <input type="checkbox"/> Copy of medical or educational psychologist's report (if applicable) |
| <input type="checkbox"/> Copy of applicant's valid HK visa stamp (if applicable) | <input type="checkbox"/> Application Fee in the amount of HKD\$2,000 per applicant |

Please attach a recent
passport size
photo here

I. Student's Information (Please use BLOCK LETTERS)

| | | | |
|---|--|--|---|
| Surname: | First Names: | Preferred Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: ___ / ___ / ____ (DD/MM/YYYY) | Place of Birth: | Nationality (1): | Nationality (2): (if applicable) |
| Passport Country: Passport No.: | Expiry: ___ / ___ / ____ | HK Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | Visa Type: <input type="checkbox"/> Dependent <input type="checkbox"/> Student |
| Residential Address: Flat ____ Floor ____ Block ____ | Name of Building: | Number and Name of Street: | |
| District: | Area: <input type="checkbox"/> HK Island <input type="checkbox"/> Kowloon <input type="checkbox"/> NT | Home Tel. No.: | |
| Does the applicant live with both parents? If no, please provide details and state with whom he/she lives. <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year Level into which admission is sought: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | |

Ila. Student's Family Information

| | | |
|----------------------------------|---|---|
| | <input type="checkbox"/> Father <input type="checkbox"/> Guardian | <input type="checkbox"/> Mother <input type="checkbox"/> Guardian |
| Full Name (Surname, First Name): | | |
| Marital Status: | | |
| Nationality: | | |
| Occupation/Position: | | |
| Company Name: | | |
| Company Address: | | |
| Office Tel. No.: | | |
| Mobile No.: | | |
| Preferred Email Address: | | |
| Religion: | | |

Please complete, sign and submit this application with all items in the checklist to the following address:

Island Christian Academy
70 Bridges Street, Sheung Wan, Hong Kong
T. +852 2537 2552 / F. +852 2858 7271
Email: admissions@islandca.edu.hk / Website: www.islandca.edu.hk

IIb. Student's Family Information - Sibling(s)

| | Full Name of Applicant's Brothers and Sisters | Age | Year Level | School | Other GenCE school's alumni? |
|----|---|-----|------------|--------|------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

III. Student's Educational Information

Name of Current School:

Year Level(s) at this School:

_____ to _____

Date(s) at this School:

_____ to _____

Language of Instruction:

Address:

Tel. No.:

Fax No.:

Email:

Name(s) of Previous School(s):

Year Level(s) at this School:

Date(s) at this School:

Language of Instruction:

Has the applicant repeated or advanced any year level(s)? Yes No If yes, which one(s)? _____

If yes, please provide details.

IV. Student's Language Background (please ✓ as appropriate)

| English | | | | Cantonese | | | | Mandarin | | | | |
|--------------------------|----------------------------------|------------|--------|------------------------------------|-----------|------------|-----------------------------------|-----------|-----------|--------------------------------------|--------|--|
| | Beginning | Developing | Fluent | | Beginning | Developing | Fluent | | Beginning | Developing | Fluent | |
| Speaking | | | | Speaking | | | | Speaking | | | | |
| Listening | | | | Listening | | | | Listening | | | | |
| Reading | | | | Reading | | | | Reading | | | | |
| Writing | | | | Writing | | | | Writing | | | | |
| Language Spoken at Home: | <input type="checkbox"/> English | | | <input type="checkbox"/> Cantonese | | | <input type="checkbox"/> Mandarin | | | <input type="checkbox"/> Other _____ | | |
| First Language: | <input type="checkbox"/> English | | | <input type="checkbox"/> Cantonese | | | <input type="checkbox"/> Mandarin | | | <input type="checkbox"/> Other _____ | | |
| Second Language: | <input type="checkbox"/> English | | | <input type="checkbox"/> Cantonese | | | <input type="checkbox"/> Mandarin | | | <input type="checkbox"/> Other _____ | | |

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V. Student's Additional Information (please ✓ as appropriate, and attach a separate sheet if necessary)

Does the applicant have any significant health or physical concerns, allergies, or past injuries? Yes No

Does the applicant take any prescribed medicine regularly? Yes No

If yes, please explain: _____

Has the applicant undergone any evaluative assessment or received any services for learning support (e.g. speech/language, occupational therapy, motor skills, counselling, behavioural, gifted programme, etc.)? Yes No

If yes, please provide details and include a copy of the most recent medical or educational psychologist's report:

Are you aware of any learning and/or behavioural issues which might affect the applicant's performance in class? Yes No

If yes, please explain: _____

Please supply information of anything that may affect the applicant (e.g. death of a parent/relative, separation, adoption).

VI. Student's Additional Interests

Please feel free to provide details of special interests and/or abilities that the applicant has (e.g. sports, music, arts). Is there any additional information about the applicant that may be helpful to the Admissions Team, such as talents, hobbies, personality, etc.?

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VII. Other Helpful Information

How did you learn about Island Christian Academy?

Website Advertisement IslandCA Parents Relocation Agent Friends Other _____

Please indicate why you chose Island Christian Academy for your child.

Have you previously applied to Island Christian Academy? Yes No

VIII. Parental Acknowledgment and Agreement

1. I fully understand that Island Christian Academy (IslandCA) is a Christian school, that my child will be taught about the Bible, and will attend chapel programmes, and that students/parents of other faiths and persuasions will be asked to respect this.
2. I agree to support IslandCA's ethos and philosophy.
3. I agree to abide by the rules and regulations of IslandCA and the jurisdiction of the laws of Hong Kong.
4. I hereby authorise IslandCA to contact my child's current/former school(s)/kindergarten(s) to request relevant information about him/her.
5. In case of individual educational needs (see V), I hereby authorise IslandCA to contact the professionals in connection with my child's intervention.
6. I understand that IslandCA has the sole, exclusive, and final right to administer selective enrolment of students in the best interests of the school.
7. I understand that all admission results are final and that IslandCA is not under any obligation to disclose information or documentation relating to the admissions review process.
8. I understand that only complete applications, including submission of application fee and all required documents, will be processed, and that an interview is required for admission.
9. I understand that an applicant cannot be enrolled at IslandCA unless at least one parent/legal guardian is in full-time residence in Hong Kong. I agree that the applicant will be living with at least one parent/legal guardian while enrolled at IslandCA.
10. I understand that the application fee is non-refundable, non-transferable and non-deferrable, and it should be paid by cheque made payable to "Island Christian Academy".
11. I hereby give my consent for IslandCA to use my personal data for the purpose of processing my child's application for admission.
12. I declare that the information provided in this application is true, complete and accurate. I understand that failure to provide true, complete and accurate information may result in immediate withdrawal of the applicant's admission and dismissal from IslandCA.

Name of Parent/Guardian: _____ Relationship with Applicant: _____

Signature: _____ Date (DD/MM/YYYY): _____

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