

School Year 2016 – 2017

 School Year 2017 – 2018

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)
Nationality (3): (if applicable)	Nationality (4): (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	Applying for Year Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Residential Address:			
District: <input type="checkbox"/> HK Island <input type="checkbox"/> Kowloon <input type="checkbox"/> NT	Home Tel. No.:		Fax No.:

IIa. 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:	
Does the applicant live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please explain and state with whom he/she lives.)	

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?

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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)? _____ If yes, please explain.			

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 authorize 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 authorize 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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