



德明政府中学宿舍 Dunman High School Hostel

61 Kampong Arang Road, Singapore 438181 Tel : (65) 6346 6733 Fax : (65) 6346 1267
Website : <http://www.dhshostel.sg>

PASTE 1 PHOTO

APPLICATION FORM

申请表格

FOR SELF FUNDED ONLY

APPLICANT INFORMATION 个人资料			
Name 姓名		Mobile Phone. 联络号码:	Gender 性别 M男 <input type="checkbox"/> F女 <input type="checkbox"/>
Name in Chinese (if any) 中文姓名:		Home Phone: 家里电话:	Passport No. 护照号码:
NRIC/FIN/No. 学生证件号码:		Nationality: 国籍	Date of Expiry 有效日期:
Date of birth: 出生日期		Place of Birth: 出生地点	Place of Issue 发出地点:
Age 年龄:	Religion 宗教:	E-mail Address 电邮地址:	
Address in Home Country 家乡居住地址:			
Country: 国家		Province/State: 省	City: 市
EDUCATION			
<input type="checkbox"/> Local student 本地学生	<input type="checkbox"/> PR student 永久居民学生	<input type="checkbox"/> Foreign student 外地学生	<input type="checkbox"/> Boarding Award
School Attended in Singapore 新加坡就读学校:		Level 班级	Year 年份
PARENTS' PARTICULARS/OR NEXT OF KIN'S PARTICULARS 父母/亲属资料			
Name 姓名:		Nationality 国籍:	Occupation 职业:
Relationship 关系:		Mobile Phone 手提电话:	Phone 联络号码:
E-mail address 电邮地址:		Current Address 居住地址:	
Name 姓名:		Nationality 国籍:	Occupation 职业:
Relationship 关系:		Mobile Phone 手提电话:	Phone 联络号码:
E-mail address 电邮地址:		Current Address 居住地址:	
EMERGENCY CONTACT 紧急联络			
<i>This person must be residing in Singapore</i> 紧急事件联络人 (居住在新加坡)			
Name 姓名:		Nationality 国籍:	Relationship 关系:
Mobile Phone 手提电话:		Phone 联络号码:	E-mail address 电邮地址:
Current Address 居住地址:			

MEDICAL HISTORY 医药报告		
Blood Type 血型:		
Do you have any drug/food allergy? 你是否对任何药物或食物敏感? If yes, explain 请注明	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
Have you undergone any surgery(s)? 你是否动过任何手术? If yes, explain 请注明	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
Have you ever suffered from any serious illness? 你是否有得过严重的疾病? If yes, explain 请注明	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
Are you suffering from any illness(s)? 现在是否有任何的疾病? If yes, explain 请注明	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>
Medication 所服食药物 :		
FOOD 食物		
<input type="checkbox"/> No restriction 没有限制:	<input type="checkbox"/> Indian Vegetarian 印度素食	<input type="checkbox"/> Halal 回教
INTEREST AND HOBBIES 个人爱好		
Any particular hobby or musical ability? 你有什么个人爱好?		
APPLICANT'S DECLARATION		
I certify that the information provided on this form is true and complete to the best of my knowledge.		
Name of boarder/Signature :	Date	
RECOMMENDATION BY SCHOOL (FORM TEACHER/LEVEL HEAD)		
Student Assessment on:		
Conduct/Discipline/School attendance or others..		
Comments by teachers		
Name of form teacher/level head	Signature	Date

PARENT'S/GUARDIAN'S DECLARATION

家长/监护人声明

In completing this application form, the student and the parents/guardian of the student are to agree to the following policies and requirements:-

在填完此表格时，住宿生及其家长/监护人已清楚明白及同意本宿舍行政部所制定的条规如下：

1. I/We understand that I/we MUST give one (1) month notice in writing if I/we intend to withdraw my/our child/ward's from Dunman High School Hostel. Our deposit of S\$720.00 (DHS) or S\$780.00 (for other schools) will be forfeited if notification is not given.
我/我们已清楚知道如果我/我们欲把住宿生退出寄宿，必须给予满一个月的书面通知，若没有在一个月前给书面通知，我们所付的押金将会被没收。
2. I/We understand that a minimum stay of 6 months is required otherwise our deposit will be forfeited. This does not apply to graduating students.
我/我们已清楚知道住宿期必须六个月以上，若没有住满六个月，我们所付的押金将会被没收。这条例毕业生除外。
3. I/We agree that my/our child/ward will understand and abide by the rules and regulations of Dunman High School Hostel at all times. The rules and regulations of the hostel are set out in the student's handbook (which is subject to changes when necessary).
我/我们已清楚了解及同意遵守德明政府中学宿舍学生入住手册上所规定的所有规则及条例。
4. The hostel reserves the right to terminate my/our child/ward stay for serious offence committed or deemed unsuitable to live in the hostel.
德明政府中学宿舍行政部有权终止严重违反宿舍条规或评估为不适合继续住在宿舍的的住宿生住宿合约。
5. In the event of a medical emergency, I/we hereby authorize Dunman High School Hostel to act on our behalf in getting emergency medical treatment as may be required for the health/welfare of our child/ward. Dunman High School Hostel will inform parents/guardians or emergency contact persons of the situation.
若住宿生需要医药急诊，我/我们在此授权德明政府中学宿舍的行政管理人员处理住宿生的保健/康健安排，过后德明政府中学宿舍将通知及报告住宿生的家长/监护人。
6. I/we agree to pay all fees within 3 days upon commencement of each term/each stay. I/we further agree that a daily 5% interest will be charged on fees remaining unpaid under this requirement.
我/我们同意在每个学期开始的三天内付还所有的住宿费用，若迟付费用，我/我们同意加付欠款的5%利息，按日计算。
7. I/we understand that fees paid are non-refundable if my/our child/ward leaves the hostel early for school holidays.
若住宿生在假期期间提早离开宿舍，我/我们明白所付出的费用款项是不可以退还的。
8. I/we agree to the arrangement that the hostel will keep our child/ward passport during his/her stay in the hostel.
我/我们同意住宿生在住宿期间，住宿生的护照交由德明政府中学宿舍负责保管。
9. I/we agree to purchase a Personal Accident and Hospitalization Insurance Policy for our child/ward during his/her stay in the hostel. (Premium is about S\$250.00 per year);applicable to foreign students or PR
我/我们同意为住宿生投保个人意外及住院保险（其保费大约每年新币 S\$250.00）适用于外国学生或永久居民

I/We declare that all particulars given by us on the attached application form are true and correct to the best of our knowledge.

我/我们在此声明填写资料属实。

I/we have read and understood and agreed to the above terms and conditions.

我/我们已清楚了解及同意以上条例和规则。

Name of Parents/ Guardian
家长/监护人姓名

Signature of Parents
家长/监护人签名

Date/日期

GUARDIAN'S PARTICULARS 监护人资料			
The guardian must be a Singapore Citizen or Permanent Resident normally residing in Singapore.			
The declaration below has to be duly completed and signed. (新加坡公民或永久居民)			
Name 姓名:	Nric No. 居民证号码	Nationality 国籍	
Relationship 关系:	Marital Status 婚姻状况:	Occupation 职业:	
Mobile Phone 手提电话:	Home Phone 家里联络号码:	Fax No. 传真号码:	
Email address 电邮地址:	Current address 居住地址:		
I hereby agree to accept the responsibility to act as the local guardian/sponsor of _____ the child of _____ (Name of parent 家长姓名) Name of boarder 学生姓名			
Signature of Guardian: 监护人签名		Date	
PAYMENT DETAILS (FOR OFFICE USE ONLY)			
Date of Boarding :	Admin fee:	Boarding fee:	
Deposit paid :	Date of withdrawal :	Deposit refunded:	
Insurance :	Room No/Bed no.	Access Card No.	Laundry No.
Remarks :			