慧嚴佛學會
The Mahaprajna Buddhist Society

佛学班报名表格 Dharma Class Application Form

教育组 Education Committee

Children & Youth Dharma Class : Applicant must be in Good Health

儿童与少年班 ：报读者必须身心健康

年 Year / 届 Intake : _____

申请项目 Application For :

☐ 儿童佛学班 Children Dharma Class (K1~P6, 2pm~4pm), 年龄 Age: 5~12

☐ 少年佛学班 Youth Dharma Class (S1~S4, 10am~12pm), 年龄 Age: 13~16

照片
Photograph

学生资料 Students' Particulars

中文姓名							
English Name							
地址 Address					邮区 Postal Code		
电话 Telephone	主要联络号码 Main Contact			其它联络号码 Other Contact			
电邮 Email							
出生日期 D.O.B	年龄Age	性别 Gender * Female 女/ Male 男	国籍 Nationality		居民证/ 护照号码 NRIC/Passport No		

嗜好与兴趣 Hobbies & Interest ☐ 音乐与舞蹈 Music & Dance ☐ 手工艺 Art & Craft ☐ 戏剧 Drama ☐ 户外运动 Outdoor Sports ☐ 其他 Others _____

有兄弟姐妹报读本会的儿童班或儿童班之友吗?

Any sibling who is currently studying / applying to study in SCDC or Friends of SCDC? ☐ 否 No ☐ 有 Yes Name of Sibling(s): _____ Class: _____

需特别照顾吗？若需要，请详细说明。Any matters that require special attention? If so, please specify.

皈依师 Refuge Master	法名 Dharma Name	皈依日期与地点 Date & Place of Refuge

家长/监护人 Parents/Guardian :

请将您的个人相关资料填写在表格的背面。

Kindly fill in your particulars on the next page.

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教育组 Education Committee

家长/监护人 Parents/Guardian

中文姓名

English Name

是否曾参与本会活动?
Have you ever attended the Society's activities? ☐ 是Yes 请注明 pls indicate _____ ☐ 否 No

若家长/监护人的地址与学生的不同，请填写
Please state if Parent/Guardian's address is different from the Student's

地址 Address

邮区 Postal Code

电话 Telephone	主要联络号码 Main Contact		其它联络号码 Other Contact	
电邮 Email				

出生日期 D.O.B	年龄Age	性别 Gender * Female 女/ Male 男	国籍 Nationality	居民证/ 护照号码 NRIC/Passport No

婚姻状况 Marital Status 未婚Single ☐ 已婚Married ☐	最高学历 Highest Education	职衔 Occupation

皈依师 Refuge Master	法名 Dharma Name	皈依日期与地点 Date & Place of Refuge

申请日期 Date of Application	申请者签名 Applicant's Signature

家长/监护人同意 Parent's/Guardian's Consent

我了解及同意慧严佛学会在会所或会所以外的场地所举办的任何活动，慧严佛学会及其义工/工作人员无须对发生于我们或孩子的任何意外、损伤、索赔负责。我确保以上填写的资料正确无误，并同意将通知慧严佛学会任何资料的更换。

I hereby understand and agree that TMBS and its volunteers/staff shall not be held liable for any form of accident, loss, claim or damage suffered by us or the child at any event/activity organized by TMBS within or outside its premises, and that the particulars provided are to the best of our knowledge true and correct and I undertake to inform TMBS of any changes to the particulars.

特别声明：您所填写的资料只限本会使用。
I consent to my personal data being collected, used and retained by the Society for its activities.

申请日期	申请者签名

只供本会用 For Official Use Only	电脑编号 Computer Ref :