



## 5<sup>th</sup> SCCCE Application Form

### 第五届“翰墨传情”艺术交流展报名表

Student's Name (Chinese) 学生姓名 (中文)						Photo 彩色照片
Student's Name (English) (According to the passport) 学生姓名 (英文)						
Passport Number 护照号		Sex 性别	M / F	Date of birth 出生日期		
Nationality 国籍		Weight 体重		Kg	Height 身高	m
School 学校					Level 年级	
Home Address 家庭住址					Tel 电话	
Submissions 提交作品	<input type="checkbox"/> Chinese Calligraphy 书法 <input type="checkbox"/> Painting 画画 <input type="checkbox"/> Photography 摄影 <input type="checkbox"/> Singing 唱歌 <input type="checkbox"/> Dancing 舞蹈 <input type="checkbox"/> Others 其他: _____				Title 作品名称	
Father's Name 父亲姓名		HP 手机		E-mail 电邮		
Mother's Name 母亲姓名		HP 手机		E-mail 电邮		
Any illness / Chronic disease / Allergic? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please specify: 是否有任何病史、易发病、过敏史? 如果有, 请具体说明:						
Remark 备注						
<p>I _____ (Student's parent/Guardian), ID No: _____ agrees          _____ (Student name) Passport Number: _____ attending SCCCE          held in Singapore, I guarantee that the above contents provided are genuine.</p> <p>我 _____ (学生的父母/监护人), 身份证号码: _____ 同意          _____ (学生名) 护照号码: _____ 参加在新加坡举办的“翰墨传情”艺术交流展, 并保证以上所填写的内容真实。</p> <p>I would like to receive marketing and advertising information and materials on Golden International Holdings Pte Ltd (GIH) products, services, events, promotions and offers, including those provided by third party merchants which GIH partners, offers or promotes, through phone call, SMS/MMS, fax, email and postal mail.          By signing this form, I consent to the communication.</p> <p style="text-align: right;">Signed by the Student's parent (Guardian):          学生家长 (监护人) 签名:          Date 日期:</p>						