



9th SCCCE Application Form 第九届"翰墨传情"艺术节报名表

| Student's Name (Chinese) 学生姓名(中文) Photo 家色照片 Photo School Photo Read Fag Chinese Calligraphy 书法 Photo Photo Photo Photo Read Fag Chinese Calligraphy 书法 Photo Photo Photo Photo Read Fag Chinese Calligraphy 书法 Photo Phot | | | | | | | | | | | |
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| Photo 学生姓名(英文) Photo Number | | • | • | | | _ | | | | | |
| Photo 学生姓名(英文) Photo Number | Student's Na | me (F | English) | | | | | | | 51 | |
| 学生姓名(英文) Passport Number PMR号 Nationality 国籍 | | | | | | | | | | | |
| Passport Number Number | , | | | | | | | | | 彩巴 思力 | |
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| ### PMRS | · | | ļ | | | | | | | | |
| Nationality 国籍 | | | ļ | 性别 | | | 出生日期 | | | | |
| School 学校 | | | | - | Weiaht | | | | Height | | |
| School 学校 Home Address 家庭住址 Submissions 提交作品 Ochinese Calligraphy 书法 Painting 画画 Dance 舞蹈 Speech and Drama 演艺 Others 其他: Father's Name 安亲姓名 Mother's Name 母亲姓名 Any Illness / Chronic disease / Allergic? Ores 中枢 | - | | | ļ | _ | | Kg | | _ | | m |
| 学校 年级 Home Address 家庭住址 Tel Submissions ○ Painting 画画 Title 提交作品 ○ Dance 舞蹈 Title ○ Speech and Drama 演艺 ○ Others 其他: Father's Name 父亲姓名 Ff. e.mail Mother's Name 母亲姓名 HP E-mail Any Illness / Chronic disease / Allergic? ○ Yes ○ No If Yes, Please specific 是否有任何病史、易发病、过敏史?如果有,请具体说明: Remark 备注 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. 我 (学生的父母/监护人),身份证号码:参加在新加坡举办的"翰墨传情"艺术节交流,并保证以上所填写的内容真实。 Signed by the Student's parent (Guardian): 学生家长(监护人)签名: | | | | 11 | | | | | | | |
| Tel 电话 | | | | | | | | | | | |
| 家庭住址 ○ Chinese Calligraphy 书法 申话 Submissions 提交作品 ○ Painting 画画 Title 作品名称 是交件品 ○ Speech and Drama 演艺 ○ Others 其他: Father's Name 父亲姓名 手机 E-mail 电邮 例如ther's Name 母亲姓名 手机 电邮 Any Illness / Chronic disease / Allergic? ○ Yes 母亲姓名 ○ No If Yes, Please specific 是否有任何病史、易发病、过敏史?如果有,请具体说明: I | | 22 | | | | | | | | | |
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| ○ Speech and Drama 演艺 ○ Others 其他: Father's Name 父亲姓名 Mother's Name 母亲姓名 Mother's Name 母亲姓名 Any Illness / Chronic disease / Allergic? ○ Yes ○ No If Yes, Please specific 是否有任何病史、易发病、过敏史?如果有,请具体说明: Remark 备 注 I | | | | | | | | ļ | | | |
| ○ Others 其他: | | | | • • • | | | | ļ | ור או אויין | | |
| 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? ○ Yes ○ No If Yes, Please specific 是否有任何病史、易发病、过敏史?如果有,请具体说明: Remark 备 注 I | | | | | | | | | | | |
| Wother's Name 母亲姓名 | | | | | | | | -mail | | | |
| Mother's Name 母亲姓名 Any Illness / Chronic disease / Allergic? ○ Yes ○ No If Yes, Please specific 是否有任何病史、易发病、过敏史?如果有,请具体说明: Remark 备 注 I | | | | | | | | | | | |
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| | (Student's parent/Cuardian) ID No. | | | | | | | | | | |
| held in Singapore, I guarantee that the above contents provided are genuine. 我 | | | | | | | | | | | |
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| | , 我 | | | | | | | | | | |
| 艺术节交流,并保证以上所填写的内容真实。 Signed by the Student's parent (Guardian): 学生家长(监护人)签名: | | | | | | | | | | | |
| Signed by the Student's parent (Guardian): 学生家长(监护人)签名: | | | | | | | J | | <i>》</i> | МΙМΗ | 次年の 11 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 学生家长(监护人)签名: | 乙水下又加 | , 기 | 水塩ペエ ///・ | -K-JHJI/J1 | 口共人。 | | | | | | |
| 学生家长(监护人)签名: | | | | | | | | | | | |
| 学生家长(监护人)签名: | | | | | | | | | | | |
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