

Affix
passport -size
photograph of
child here

(請貼上學童照片)

Collegiate Guardians

Guardian Services Application

Please complete and send to Mrs Rosemary Mott at (請填妥表格並郵寄到下列地址):
Royal Well House, West Malvern Road, Malvern, Worcs., WR14 4EW, UK
Tel: 01684 561192 Mobile: 07717307122 Fax: 01684 572989
e-mail: rosemary@collegiateguardians.com

Surname 姓:
Forename (Applicant 1) (家長名字) (Applicant 2) (配偶名字)
Address (住址)
.....
.....
.....
Telephone – home (家居電話)
Telephone - business (辦事處電話)
Telephone - mobile (流動電話)
Fax (傳真)
e-mail (電郵)

Details of Child (學童資料):

Forenames (名字) Nationality (國籍)
Date of birth (出生日期) Passport number
(護照號碼)
Sex (性別) Expiry date (有效期至)
Religion (宗教)
Any brothers and sisters? (Give ages)
其他兄弟姊妹及年齡?
School name (學校名稱) House (學校宿舍)
Address (地址) Housemaster/mistress (舍監姓名)
.....
Postcode (郵遞區號) Tel (宿舍電話)
Tel (學校電話) Start date (入學日期)

Any health problems? (有沒有健康問題?)

Any special diet? (有沒有餐點飲料的特殊需要?)

Please list child's interests/hobbies etc (請列舉一些學童的興趣或愛好)

I / We request Collegiate Guardians to act as my/our Agent for Guardianship services under the terms and conditions published by them.

(我 / 我們) 委託 Collegiate Guardians 作為 (我的 / 我們的) 監護服務代理人, Collegiate Guardians 將依照其公佈的「條款及細則」提供服務。

Signed (簽署) _____

Date (日期) _____

(如中文譯本與英文有異, 應以英文為準)