



中央音乐学院鼎石实验学校
CENTRAL CONSERVATORY
PREPARATORY SCHOOL

入学申请表 Application Form

一寸照片
1 Inch Photo

专业方向 Intended Major _____ 学习时长 Study Length _____

申请年级 Entrance Grade _____ 期望入学时间 Expected Entry Period _____

学生信息 Student Information

中文姓名 Chinese Name _____ 英文名 English Name _____

性别 Gender ____男Male____女Female 国籍 Nationality _____ 民族 Chinese Ethnicity _____

出生日期 Date of Birth ____日Date____月Month____年Year

身份证号 ID/护照号 Passport No. _____

家庭电话 Home Phone _____

家庭住址及邮编 Home Address & Postcode _____

学生教育背景 Student Education Background

现就读学校名称 Current School Name _____

就读时间 Dates Attended: 开始 From _____ 结束 to _____

之前就读学校名称 Previous School Name _____

就读时间 Dates Attended: 开始 From _____ 结束 to _____

家庭信息 Family Information

	父亲/监护人 Father/Guardian	母亲/监护人 Mother/Guardian
姓名 Full Name		
国籍 Nationality		
手机 Mobile		
邮箱 Email		
教育背景 Education Background		
工作单位 Company Name		
职务 Occupation		

首选联系方式 Preferred Contact Method (请打勾 Please tick)	
<input type="checkbox"/> 母亲邮箱 Mother's Email	<input type="checkbox"/> 母亲手机 Mother's Mobile
<input type="checkbox"/> 父亲邮箱 Father's Email	<input type="checkbox"/> 父亲手机 Father's Mobile

紧急联系方式 Emergency Contact Information

姓名 Full Name _____ 与学生关系 Relationship to the applicant _____

手机 Mobile _____

学生健康状况 Health Information

此学生有无任何健康问题需要员工注意到? 如有, 请详细说明 Does this student have any health problems that the staff should be aware of? If yes, please explain:

此学生有无任何药物和食物过敏史? 如有, 请详细列出 Is this student allergic to any medicine and food? If yes, please list them all:

此学生是否曾经接受过特殊教育或者被诊断出有可能出现影响学习的情况 (例如: 学习辅助支持、阅读障碍、注意力不集中症、才华出众或天赋极高)? 如是, 请详细说明 Has the student received special educational services in the past or been diagnosed with a condition that could impact learning (e. g. Learning Support, Dyslexia, ADHD, Talented & Gifted)? If so, please explain:

预防疫苗 Immunization

您的孩子接种过何种疫苗Have you child received any vaccination for?

___ 卡介苗/BCG ___ 麻疹、腮腺炎、风疹/MMR ___ 百白破/DPT ___ 水痘/VZV ___ 脊灰疫苗/OPV
___ 乙肝/HBV ___ 甲肝/HAV ___ 流脑A+C/MenCCV ___ 乙脑/EBV

其他Other_____

声明 Declaration:

我们可能出于推广目的使用您所登记的个人资料，例如向您发送新闻简报、最新消息和宣传资料。若您同意接收此类信息或资料，请在签名前勾选方格以示同意。

We may use your personal data contained herein for marketing purposes, such as sending newsletter, updates and promotional materials to you. If you agree to receive such information or materials, please indicate your consent before signing by ticking the boxes below.

1. 本人确认，本人为该学生的家长或监护人。
I confirm that I am the parent or guardian of the student.
2. 本人授权中音鼎石使用、核对和处理本人及本人子女在本教育咨询表中所登记的资料。
I authorize CCPS to use, check and process my and my child's information that is provided on this form.
3. 本人授权学校使用本人及本人子女出席学校举办的活动所拍摄的相关照片或图像于其宣传资料当中。
I authorize CCPS to include photographs or images of myself and my child taken at an event held by the school in its promotional materials.
4. 本人知悉，一旦成功申请并入学，只要本人子女仍是学校学生，则本人及本人子女的资料将成为学生档案的一部分，且可能用于符合相关法律法规所规定的各种用途及后续手续。
I understand that upon successful application and subsequent admission to the School, my and my child's data will become a part of student record and may be used for all purposes as prescribed under relevant rules and regulations as well as attendant procedures, so long as my child remain a student of the School.
5. 本人声明，本申请表中所提供的信息准确完整。本人知悉，若提供任何不实信息将导致申请资格被取消。
I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application.

本人同意上述声明内容。
I understand and agree with the above declarations.

家长/监护人签字Signature of Parents/Guardian _____