STANFORD SWIM SCHOOL 2017-2018 Application Form

Pui Kiu Middle School
Address: 190 Tin Hau Temple Road, North Point, H.K
Service Hotline: 2267-8866

Student Swimming Level： **(Swimming level will be arranged to student according to your following choices.)**

☐ **Never Swim Before** ☐ **Able to swim Freestyle: _____m** ☐ **Able to swim Backstroke: _____m**
☐ **Basic Swimming skill** ☐ **Able to swim Breaststroke:____m** ☐ **Able to swim Butterfly: _____m**

Every Saturday courses

Date		Assessment Day	Every	One hour per lesson.					Fee: Consecutive enrolling 3rd term (D+F+A)	Fee: Consecutive enrolling 2nd term (D+F/F+A)	Fee: Enroll 1st term
D6	☐ **4/11 –3/3** (17 Lessons) (17/2 suspended)	**27/1**	**Sat.**	**AM**	(103) ☐ **10:30**	(113) ☐ **11:30**			**$145** (Lesson)	**$165** (Lesson)	**$170** (Lesson)
F6	☐ **10/3 – 30/6** (17 Lessons) (31/3 meet as usual)	**2/6**		**PM**	(123) ☐ **12:30**	(133) ☐ **01:30**	(143) ☐ **02:30**	(153) ☐ **03:30**			
A6	☐ **7/7 – 3/11** (18 Lessons)	**29/9**			(163) ☐ **04:30**	(173) ☐ **05:30**					

Remark: Not valid with any other discount or offers.

STUDENT REMINDER：1. All successful applicants will not be notified. Parents are requested to arrange delivery and pick-up of your children on their own and report at the pool reception 15 minutes prior to the class according to the date and time in the time-table.
2. All students (Except student in Adult class) are compulsory to wear the "Stanford Swimming Cap" and bring "Student handbook" during the lesson; the cap ($98) and the handbook ($90) is available for purchase at pool reception.
3. Please study our school "Guidelines for Parents & Students" showing on our website: http:// www.stanfordswim.com.hk before enrollment.

Student Information

Name_____ **Sex** _____ **Age**_____

Mobile No. _____ **Home** _____ **Date of Birth** _____(D)_____(M)_____(Y)

Address_____

E-mail _____ **School** _____

Payment Method A 1. ☐ **Credit Card**: 2. ☐ VISA ☐ MasterCard

3. Credit Card No.： ⌊_⌊_⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋ 4. Expiry：⌊_⌊_⌋ M ⌊_⌊_⌋ Y

B ☐ **Post by Cheque, Cheque Heading "STANFORD SWIM SCHOOL"**
(Please write down the *Name of Students* and the *Phone Number* on the back of the cheque before post)

C ☐ **Fax by Bank Slip, BOC: 012-814-1-004766-9 / HSBC: 116-717828-838**
(Please write down the *Name of Students* and the *Phone Number* on the Bank Slip before fax, Fax 23221396)

Official Use Only_____
17SD 18SFA weekend

This form expires on 30-12-2017

Condition 1: This is certifying that my health is in a good condition, without any serious disease which causes unsuitability in participating swimming classes. If I fail to follow instructions from coaches who lead to any causality, Stanford will not bear any responsibility
Condition 2: If there are not enough students in that particular timeslot, Stanford reserves the right to arrange the student to another timeslots
Condition 3: If there are not sufficient students at assigned courses, the School has reserved the right to arrange students at different levels.
Condition 4: I agree the above information may be used in this company or its subsidiaries for developing new strategies and better services.

Signature ：_____
Name ：_____
Date ：_____