

Authorised Centre

From: Cambridge ESOL Authorised Examination Centre, Number HK060 (For ABC Pathways School)  
 Address: ABC Pathways School (North Point) 1/F – 2/F Java Commercial Centre, No. 128 Java Road, North Point, Hong Kong  
 Tel: 2110 9948 Fax: 2110 9983 E-mail: info@ABCpathways.com  
 地址: ABC Pathways School (北角分校) 香港北角渣華道 128 號渣華商業中心 1-2 樓  
 電話: 2110 9948 傳真: 2110 998 電郵: info@ABCpathways.com

Please complete in **BLOCK LETTERS**  
 請以英文大楷填寫表格

Personal information is collected for registration administration only  
 所提交的個人資料只作註冊考試用途

**Application Deadline: Wednesday, 1<sup>st</sup> February, 2012**    報名截止日期: 星期三, 2012 年 2 月 1 日

### Section 1 - EXAM DETAILS 第一部份 - 考試資料

**Note: Additional charges will be required for late entry.**

注: 考生如在截止日期後提交申請表須支付附加費。

Cambridge Main Suite English Exams 劍橋主要級別試	Exam Date 考試日期	Time 時間	Test Fee 考試費用	Location 考試地點
Cambridge KET for Schools <input type="checkbox"/> 劍橋主要級別試第一級(校園版)	10 <sup>th</sup> March, 2012 (Saturday) 2012 年 3 月 10 日 (星期六)	AM Session 上午時段	HK\$ 860 港幣 860	ABC Pathways School (North Point) ABC Pathways School (北角分校)
Cambridge PET for Schools <input type="checkbox"/> 劍橋主要級別試第二級(校園版)	10 <sup>th</sup> March, 2012 (Saturday) 2012 年 3 月 10 日 (星期六)	PM Session 下午時段	HK\$ 1,040 港幣 1,040	ABC Pathways School (North Point) ABC Pathways School (北角分校)

### Section 2 - CANDIDATE DETAILS 第二部份 - 考生資料

Name (in English) 姓名 (請以英文大楷填寫)	Family Name 姓	Given Name 名	English Given Name 英文名
Please attach a copy of the candidate's ID card or birth certificate. Write the name above as shown on the supplied ID document. 註: 請附上考生身分證或出生證明文件副本。上列所填寫的姓名須與考生身分證或出生證明文件上的姓名相同。			
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Age (yy/mm) 年齡 (年/月)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> 性別 男 女	
School Attending 就讀學校	Level 年級		
Postal Address (in English) 郵寄地址 (請以英文大楷填寫)			
Does the candidate have any special needs caused by ill health / a medical condition? If so, please specify her/his requirements and attach supporting medical evidence to this form. 考生如因身體不適或藥物治療而需特別安排, 請在此列明要求。			

### Section 3 - CONTACT DETAILS 第三部份 - 聯絡資料

Name of Contact Parent / Guardian 家長 / 監護人姓名	
Home Phone 住宅電話號碼	Mobile Phone 流動電話號碼
E-mail 電郵地址	

### Section 4 - PAYMENT DETAILS 第四部份 - 付款方法

**Cheque Payment** 以支票付款 (Cheque # 支票號碼 # )  
 Please make your cheque payable to 'ABC Pathways School' 支票抬頭請填寫 'ABC Pathways School'

### Section 5 - CONSENT DETAILS 第五部份 - 同意書

*In enrolling my child for a Cambridge ESOL Exam at ABC Pathways School, I agree that my child will abide by the rules and regulations set out for the conduct of such exams and available in the Exam Final Confirmation Letter. I will not hold ABC Pathways School responsible for any injury or damage to my child, myself, my family members or my property as a result of participation in a Cambridge exam. I understand that a communication confirming the exam time will be sent ONE WEEK before the exam. If I do not receive the communication THREE DAYS before the exam I will contact ABC Pathways School immediately.*

本人現向 ABC Pathways School 為本人子弟報讀 / 報考劍橋小學英語課程 / 考試, 並同意確保敝子弟遵守列明於考試通知書之考試守則。若考試對任何人或物造成傷害或損毀, ABC Pathways School 概不負責。本人明白考試通知書將於考試日的一星期前寄出。如本人在考試的三天前仍未收到通知書, 本人須立即聯絡 ABC Pathways School。

Signature of Contact Parent / Guardian 家長 / 監護人簽署	Date 日期
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