



## APPLICATION FOR AEAS TESTING 報名表格

**NAME 姓名:** \_\_\_\_\_ **MALE 男 / FEMALE 女**  
 (Please underline Family Name 請在姓氏下加底線) (Please circle 請圈出正確選擇)

**NATIONALITY 國籍:** \_\_\_\_\_

**DATE OF BIRTH 出生日期:** \_\_\_\_\_

**RELIGION 宗教信仰:** \_\_\_\_\_

**STATUS 學生身份:** **OVERSEAS FULL FEE PAYING STUDENT 海外全費學生**   
 (Please tick ✓ appropriate box) **AUSTRALIAN PERMANENT RESIDENT 澳洲永久居民**   
**AUSTRALIAN CITIZEN 澳洲公民**

**DATE OF TESTING 測驗日期:** \_\_\_\_\_ **PLACE OF TESTING 測驗地點:** HONG KONG

**REFERRING AGENT:** Australian Education Consultancy  
 Suite 2502, 25/F, Office Tower, Convention Plaza,  
 1 Harbour Road, Wanchai, Hong Kong  
 Telephone: (852) 2598 6166 Fax: (852) 2598 6390  
 Email: info@aecl.com.hk

**AGE AT TIME OF TESTING 考生報考時年齡:** \_\_\_\_\_

**SCHOOL APPLIED FOR 申請學校:** (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

**YEAR LEVEL APPLIED FOR 申請年級:** \_\_\_\_\_ **MONTH/YEAR 預算入學月份:** \_\_\_\_\_ 20 \_\_\_\_\_

**BOARDING OR HOMESTAY 住宿選擇 (學校寄宿或寄住家庭):** \_\_\_\_\_

**PRESENT SCHOOL 現正就讀學校名稱:** \_\_\_\_\_

**PRESENT YEAR LEVEL 現正就讀年級:** \_\_\_\_\_ **COMMENCED (MM/YY) 開始就讀日期(月/年):** \_\_\_\_\_

**FATHER'S NAME 父親姓名:** \_\_\_\_\_ **MOTHER'S NAME 母親姓名:** \_\_\_\_\_

**HOME ADDRESS 地址:** \_\_\_\_\_  
 \_\_\_\_\_

**HOME TELEPHONE 家庭電話:** \_\_\_\_\_ **BUSINESS TELEPHONE 公司電話:** \_\_\_\_\_

**FAX 傳真:** \_\_\_\_\_ **MOBILE 手提電話:** \_\_\_\_\_

**EMAIL 電郵:** \_\_\_\_\_

**NAME OF GUARDIAN IN AUSTRALIA 澳洲監護人姓名:** \_\_\_\_\_

**ADDRESS 地址:** \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE 電話:** \_\_\_\_\_

