



優質留英學童監護人服務

<http://www.qualityguardians.com>

## **Student Information Record**

### **Notes:**

1. You are requested to provide as much information as possible as it is helpful for us to serve you and your child better.
2. Please advise us information that is not available at time of filling this form as soon as it is known.
3. Please return the original copy of the completed Form with **two** passport-sized photos of your child. You are advised to make a photocopy of this document for your retention.
4. All information collected will be kept strictly confidential and made available only to the host family for guardianship service purpose.

### **Section A - Student Profile**

#### **I. PERSONAL PARTICULARS**

Name in English:(Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_

(Christian name, if applicable) \_\_\_\_\_ Name in Chinese: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (date/month/year) Sex :  M  F

Place of birth (City/Country): \_\_\_\_\_

Nationality: \_\_\_\_\_ Type of Travel Document held: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ (dd/mm/yy)

Date of Expiry: \_\_\_\_\_ (dd/mm/yy) Visa Expiry Date: \_\_\_\_\_ (dd/mm/yy)

e-mail address: \_\_\_\_\_ Mobile Phone no. (H.K./China): \_\_\_\_\_

Mobile Phone no. (U.K., if available): \_\_\_\_\_ Religion: \_\_\_\_\_

#### **II. EDUCATION AND INTERESTS**

School last attended: \_\_\_\_\_

Level achieved: \_\_\_\_\_

Academic Performance:  Outstanding  Good  Average  Marginal  Poor

Best subject(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Weakest subject(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Award(s) received: \_\_\_\_\_

Favourite activities: \_\_\_\_\_

Musical instrument(s) played and level achieved: \_\_\_\_\_

Other interests (if any): \_\_\_\_\_

### **III. STUDY PLANNED IN UK**

School/College registered: \_\_\_\_\_ Year/Group: \_\_\_\_\_

Address of School/College: \_\_\_\_\_

Date of Commencement of School Term: \_\_\_\_\_ (dd/mm/yy)

Expected Date of Arrival in Britain: \_\_\_\_\_ (dd/mm/yy)

Flight No.: \_\_\_\_\_ Carrier: \_\_\_\_\_

Airport/Terminal: \_\_\_\_\_ Scheduled Time of Arrival: \_\_\_\_\_

### **IV. CHARACTER**

Please rate your child in the following aspects by circling the number corresponding to the respective level of frequency:

Character	Frequency of occurrence of that particular behaviour				
	Habitually	Often	Sometimes	Rare	Never
1. Obedient	5	4	3	2	1
2. Punctual	5	4	3	2	1
3. Diligent	5	4	3	2	1
4. Honest	5	4	3	2	1
5. Self-initiated	5	4	3	2	1
6. Polite	5	4	3	2	1
7. Active	5	4	3	2	1
8. Outgoing	5	4	3	2	1
9. Sociable	5	4	3	2	1
10. Self-control	5	4	3	2	1
11. Out-spoken	5	4	3	2	1
12. Sympathetic	5	4	3	2	1

### **V. HEALTH INFORMATION**

1. Overall health condition:

Very good       Fairly good       Comparatively weak

2. Has your child undertaken any operation or suffered from any kind of serious illness in the past?

No    Yes (please specify: \_\_\_\_\_)

3. Does your child suffer from any congenital or chronic disease that requires constant treatment and/or medication?

No    Yes (please specify: \_\_\_\_\_)

4. Does your child suffer from any kind of allergy?

No    Yes (please specify the kind of thing or food that triggers the allergy: \_\_\_\_\_)

5. Is your child physically fit for doing sports?  
 Yes  No (please give medical reasons: \_\_\_\_\_)
6. Can your child swim?  
 Yes  No
7. Does your child need to wear spectacles?  
 No  Yes
8. Does your child have any physical disabilities?  
 No  Yes (please specify: \_\_\_\_\_)

## **VI. INSURANCE MATTERS**

Please indicate below the type of insurance you will procure (or have procured) for your child.

Name of Insurance Company: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Company Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_

1. Insurance against accident and death:  Yes  No
2. Insurance against medical and hospital expenses:  Yes  No
3. Insurance against loss and damages of properties:  Yes  No
4. Other coverage  
 No  Yes (please specify: \_\_\_\_\_)

## **Section B – Parents Profile**

Please fill in personal data of the student's parents.

<b>PARTICULARS</b>	<b>FATHER</b>	<b>MOTHER</b>
Name in Chinese		
Name in English		
Identity Card No.		
Occupation		
Residential Address		
Tel. No.(Home)		
Tel. No.(Workplace)		
Mobile Phone No.		
E-mail address		

## Section C – Instructions on Minding the Student

### Notes:

1. Parents should ensure that the Student observes the instructions given by you in this section.
2. Where practicable, we will follow the instructions as far as possible; but shall not be liable for any consequences caused by the Student's failure to observe these instructions.

1. In case of illness, would you require the guardian to consult you even for minor ailments such as cold and cough and let you decide the treatment for your child?  
 Yes  No

2. Would you permit your child to swim without the supervision of an adult?  
 Yes  No

3. Would you allow your child to travel by public transport on his/her own?  
 Yes  No

(For reference: The school normally allows students aged 15 or above to do so.)

4. (a) Would you allow your child to go out alone in the local area in the daytime?  
 No  Yes, provided that he/she returns home before \_\_\_\_\_ p.m.

(For reference: We do not suggest children under the age of 14 going out on their own.)

- (b) Would you allow your child to go away from the local area with his/her friends in the daytime?

No  Yes, provided that he/she returns home before \_\_\_\_\_ p.m.

5. Would you allow your child to stay overnight at his/her schoolmate's house if the schoolmate's parents and the school consented to it?  Yes  No

6. Would you allow your child to enjoy the following activities with the host family during the half term holidays?

(a) visiting places of interests, e.g. museums, castles, etc.  Yes  No

(b) going to a movie or drama  Yes  No

(c) outdoor activities, e.g. cycling, swimming  Yes  No

(Note: If the activity is requested by your child, you will have to pay for the expenses, such as the admission fee, for both your child and the guardian who takes him/her out. However, you need not pay for the expenses incurred by the person(s), if any, accompanying the guardian.)

7. In what way you would like your child to spend the long holidays if he/she is to stay in the U.K.?

taking short courses, e.g. English language course

joining Christian camps or retreats

staying with his/her relatives

others (please specify: \_\_\_\_\_)

8. Please indicate below your choice of pocket money management for your child.

(a) during term time:

- leave it entirely to the parent(s)
- provide to the housemaster or housemistress at the beginning of each term a sum of £\_\_\_\_\_ so that he/she can give your child the required amount at anytime.

(For your information, with secondary student, we recommend all parents to deposit a sum of £400 to £500 to the housemaster or housemistress at the beginning of each academic term.)

(b) during the stay with the host family because of school holidays:

- provide by our family at anytime with whatever amount he/she asks for, But no more than a maximum of £\_\_\_\_\_ for each holiday.  
(The pocket money given by our family will be deducted from your reserve.)
- provide him/her with a lump sum of £\_\_\_\_\_ at the beginning of each holiday.
- leave it entirely to the parent(s)

**Section D – Alternative Person for Emergency Contact**

In case of emergency contact, the Quality Guardianship requires an alternative person as a back-up of the parents of the student. Please supply us with such a contact.

Name of Person: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

**Section E – Additional Information**

Please supply us with any additional information, e.g. personal need of the student, special service you want etc., so that we can serve you and your child better. \_\_\_\_\_

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~ END ~