



BRANKSOME  
HALL ASIA

INTERNATIONAL SCHOOL FOR GIRLS

# Admission

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# Application Book



[www.branksome.asia](http://www.branksome.asia)

# APPLICATION GUIDELINE 入学申请流程

## Application Procedure 入学申请程序

1. Visit our website, [www.branksome.asia](http://www.branksome.asia). 登录网站
2. Download and complete the application form. 下载及填写申请表
3. Prepare required documentation. 准备需提交的资料
4. Pay the application fee. 支付入学申请费
5. Submit the application by post, email or visiting the Admissions Office. 提交资料(支持快递、电子邮件、来校提交)
6. Attend the admissions assessment. 参加入学考试

## Required Documentation 需提交的资料

### 中国国内学生

| 分类     | 申请年级       | 需提交的资料  |
|--------|------------|---|
| 统一提交资料 | 全年级        | <input type="checkbox"/> 入学申请表(附一张照片,用英文填写)<br><input type="checkbox"/> 学生护照复印件<br><input type="checkbox"/> 入学申请费的付款及回执(25万韩元,不予退款)                     |
| 其他提交资料 | 1年级 - 3年级  | <input type="checkbox"/> 在籍证明一份   |
| 其他提交资料 | 4年级 - 12年级 | <input type="checkbox"/> 最近2年的成绩单1份(需要翻译中文并公证)(国外学校提交REPORT CARD)<br><input type="checkbox"/> 数学及英语教师推荐信(表格下载)<br><input type="checkbox"/> 英文学生简历(表格下载) |

### International Student

#### Required Documentation

|  |  |
|--|--|
| JK Prep - Grade12  | <input type="checkbox"/> Completed Application Form (Please attach a recent photo of the applicant)<br><input type="checkbox"/> Signed Agreement of Collecting and Using Personal Information<br><input type="checkbox"/> Copy of main page of passport<br><input type="checkbox"/> Proof of Payment of application fee (KRW250,000; Non-refundable) |
| Additional Required Documentation for Grade 1 - Grade 3  | <input type="checkbox"/> Two most recent end of year report card (One most recent report card for G2)  |
| Additional Required Documentation for Grade 4 - Grade 12 | <input type="checkbox"/> Two most recent end of year report cards in English<br><input type="checkbox"/> Completed Student profile in handwriting [ <a href="#">Download the form</a> ]<br><input type="checkbox"/> Confidential Teacher Recommendations [ <a href="#">Download the form</a> ]   |

## Contact Information 联系方式

|   |   |          |                          |
|---|---|----------|--------------------------|
| Address 邮递地址  | Branksome Hall Asia Admissions Office<br>37F ASEM Tower, 517 Yeongdong-daero, Gangnam-gu, Seoul<br>布兰克森霍尔亚洲校区招生办公室:首尔市江南区永东大路517号, ASEM大厦37楼  | Phone 电话 | +82-64-902-5028          |
|   | Branksome Hall Asia<br>613 Gueok-ri, Daejung-eup, Seogwipo City, Jeju, Korea, 699-931<br>布兰克森霍尔亚洲校区招生办公室:济州岛西归浦市大静邑九德里 613 号邮编 699-931  | Email 电邮 | admission@branksome.asia |
| Bank Account for application fee<br>入学申请费汇款帐号<br>[Non-refundable<br>不予退款] | Bank Name 开户行: Nonghyup Bank<br>Account Name 开户名: Branksome Hall Asia<br>Account No. 帐号: 301-0188-4853-01 Swift code : NACFKRSEXXX<br>Bank Address : 110, Shindae-ro, Jeju city, Jeju, Korea<br>Application Fee 入学申请费: KRW250,000 |          |                          |

## STUDENT INFORMATION 申请人信息 (请用英文填写)

|  |  |  |   |  |
|--|--|--|---|--|
| <b>LEGAL FAMILY NAME 姓</b><br>(AS SHOWN ON PASSPORT 填写护照上的英文姓) |  | <b>LEGAL GIVEN NAMES 名</b><br>(AS SHOWN ON PASSPORT 填写护照上的英文名) |   | Please attach<br>a recent photo of<br>the applicant<br>附近期免冠照片 |
| <b>COMMON NAMES 常用名</b>  |  | <b>DATE OF BIRTH (YYYY/MM/DD) 出生日期</b>                         | <b>GENDER 性别</b><br><input type="checkbox"/> FEMALE 女 <input type="checkbox"/> MALE 男 |  |
| <b>LANGUAGE SPOKEN AT HOME 母语</b>                              |  | <b>LANGUAGE SPOKEN AT CURRENT SCHOOL 在目前就读的学校中使用的语言</b>        |   |  |

|                                   |   |
|-----------------------------------|---|
| <b>LANGUAGE SPOKEN AT HOME 母语</b> | <b>LANGUAGE SPOKEN AT CURRENT SCHOOL 在目前就读的学校中使用的语言</b> |
|-----------------------------------|---|

**CITIZENSHIP 国籍**

CHINESE CITIZENSHIP 中国国籍

OTHER CITIZENSHIP 其他国籍 [ \_\_\_\_\_ ]

DOES THE APPLICANT REQUIRE A STUDENT VISA? 申请人是否需要申请学生签证  YES 是  NO 否

**RESIDENCE Application (Grade 7 - 11 only) 寄宿申请 (仅限7年级 - 11年级)**

DAY STUDENT 走读生  RESIDENCE STUDENT 住宿生

|                           |  |
|---------------------------|--|
| <b>CURRENT GRADE 当前年级</b> | <b>GRADE TO ENTER 申请年级</b>   |
|                           | <input type="checkbox"/> JK Prep <input type="checkbox"/> JK <input type="checkbox"/> SK<br><input type="checkbox"/> 1年级 <input type="checkbox"/> 2年级 <input type="checkbox"/> 3年级 <input type="checkbox"/> 4年级 <input type="checkbox"/> 5年级<br><input type="checkbox"/> 6年级 <input type="checkbox"/> 7年级 <input type="checkbox"/> 8年级 <input type="checkbox"/> 9年级 <input type="checkbox"/> 10年级<br><input type="checkbox"/> 11年级 <input type="checkbox"/> 12年级 |

**EDUCATION HISTORY 教育履历 (按时间顺序, 从目前就读学校开始填写)**

| NAME OF SCHOOL 学校名称 | CITY/COUNTRY 城市/国家 | WEBSITE ADDRESS 网址 | PERIOD 就读时间 |
|---------------------|--------------------|--------------------|-------------|
|                     |                    |                    |             |
|                     |                    |                    |             |
|                     |                    |                    |             |
|                     |                    |                    |             |
|                     |                    |                    |             |

**AFFILIATION TO BRANKSOME HALL ASIA 与布兰克霍尔亚洲校区在读生或毕业生的亲属关系如下。**

|   |  |
|---|--|
| <b>RELATIVE WHO IS A CURRENT STUDENT OR AN ALUMNA OF BRANKSOME HALL ASIA 在读生/毕业生亲属</b><br><br>NAME 姓名 _____<br>GRADE/GRADUATION YEAR 年级/毕业年份 _____<br>CLAN _____<br>RELATIONSHIP 关系 _____ | <b>OTHER CHILDREN OR RELATIVES WHO ARE APPLYING THIS YEAR TO BRANKSOME HALL ASIA 今年同时申请入学的亲属或朋友的子女</b><br><br>NAME 姓名 _____<br>RELATIONSHIP 关系 _____<br>NAME 姓名 _____<br>RELATIONSHIP 关系 _____ |
|---|--|

For Office Use Only

Name of Applicant

Applying for Grade

ID Number

Date Received

## PARENT INFORMATION 家长信息

MR.     MRS.     MS     DR.

**NAME (AS SHOWN ON PASSPORT 填写护照上的英文姓名)**

FAMILY NAME 姓 \_\_\_\_\_

GIVEN NAMES 名 \_\_\_\_\_

**HOME ADDRESS 地址**

DETAILS 详细地址 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY 城市 \_\_\_\_\_

PROVINCE/STATE 省/州 \_\_\_\_\_

COUNTRY 国家 \_\_\_\_\_

POSTAL CODE 邮编 \_\_\_\_\_

**EMAIL 电邮**

**HOME TELEPHONE 家庭电话**

**MOBILE 手机**

**JOB 职业**

NAME OF EMPLOYER 工作单位 \_\_\_\_\_

JOB TITLE 职务 \_\_\_\_\_

WORK TELEPHONE 公司电话 \_\_\_\_\_

**DURING THE SCHOOL YEAR, THE APPLICANT LIVES WITH:**

在校期间与学生同住的监护人:

BOTH PARENTS 父母双方

MOTHER ONLY 母亲

FATHER ONLY 父亲

GUARDIAN 监护人

OTHER (SPECIFY) 其他 \_\_\_\_\_

MR.     MRS.     MS     DR.

**NAME (AS SHOWN ON PASSPORT 填写护照上的英文姓名)**

FAMILY NAME 姓 \_\_\_\_\_

GIVEN NAMES 名 \_\_\_\_\_

**HOME ADDRESS 地址**

DETAILS 详细地址 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY 城市 \_\_\_\_\_

PROVINCE/STATE 省/州 \_\_\_\_\_

COUNTRY 国家 \_\_\_\_\_

POSTAL CODE 邮编 \_\_\_\_\_

**EMAIL 电邮**

**HOME TELEPHONE 家庭电话**

**MOBILE 手机**

**JOB 职业**

NAME OF EMPLOYER 工作单位 \_\_\_\_\_

JOB TITLE 职务 \_\_\_\_\_

WORK TELEPHONE 公司电话 \_\_\_\_\_

**SCHOOL CORRESPONDENCE SHOULD BE SENT TO: CHECK ALL THAT APPLY**

학교 관련문서 및 통지서 수령인: 해당인 모두 체크

MOTHER 어머니

FATHER 아버지

GUARDIAN 가디언

OTHERS 기타 \_\_\_\_\_

## STUDENT MEDICAL FORM 学生医疗 / 体检报告

Parents and/or guardians must complete this form as part of the Branksome Hall Asia admissions application. Please submit any reports, individual education plans, or psycho-educational assessments along with this form. Disclosure of information regarding your child's learning support needs is a required part of the application.

作为布兰克森霍尔亚洲校区入学申请的重要环节,申请人的父母或监护人必须填写并提交本表格。同时,请一并提交所需的所有相关报告、特殊辅助教育课程或心理教育检测表等。提供以上相关文件是申请入学的必要条件。

### Details of Applicant 申请人信息

|                     |       |                                    |       |
|---------------------|-------|------------------------------------|-------|
| FAMILY NAME 姓       | _____ | GIVEN NAME 名                       | _____ |
| GRADE TO ENTER 申请年级 | _____ | DATE OF BIRTH 出生日期<br>(YYYY/MM/DD) | _____ |

1. With regard to your child, please give your observations on the following (please tick "Strong", "Good", "Average" or "Poor" for each row): 下列选项中与申请人对应的框内请划(V)。

|   | Strong 优                       | Good 良                   | Average 中                     | Poor 差                   |
|---|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Maintains concentration 注意力                                   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Strong memory 记忆力   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Comprehends quickly 理解力                                       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Strong self-control 自控力                                       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Follows directions easily 善于遵循指示                              | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Adapts to new routines 新环境适应能力                                | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Organizes materials 整理整顿能力                                    | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Positive self-esteem 自尊心                                      | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Relates well to peers 社交能力                                    | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Cooperative 合作能力  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Impulsive (does not stop and think before acting) 冲动 (行动前不思考) | <input type="checkbox"/> Yes 是 |                          | <input type="checkbox"/> No 否 |                          |
| Low levels of anxiety 焦虑感较低                                   | <input type="checkbox"/> Yes 是 |                          | <input type="checkbox"/> No 否 |                          |
| Unusually high activity level 行为过激                            | <input type="checkbox"/> Yes 是 |                          | <input type="checkbox"/> No 否 |                          |
| Unusually low activity level 行为过于安静                           | <input type="checkbox"/> Yes 是 |                          | <input type="checkbox"/> No 否 |                          |
| Language difficulties/delay in first language 语言学习能力 / 母语学习缓慢 | <input type="checkbox"/> Yes 是 |                          | <input type="checkbox"/> No 否 |                          |

2. Has your child ever received support from one of the following? With regard to your child, please give your observations on the following (please tick "Yes" or "No" for each row):

孩子是否接受过下列帮助?请在下列选项中选择“是”或“否”划(V)。

|  | Yes 是                    | No 否                     | Details 细节 |
|--|--------------------------|--------------------------|------------|
| Learning Support Teacher/Special Needs Teacher 学习辅助老师 / 特殊教育老师   | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Speech Pathologist 语言治疗  | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Occupational Therapist 职业治疗师   | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Psychologist 心理咨询师   | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Counselor or Therapist 咨询专家或治疗专家   | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Has your child ever had an individual Education Plan? 孩子是否接受过特殊教育课程?   | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Has your child ever had a Psycho-Educational Assessment? 是否接受过心理教育检查?  | <input type="checkbox"/> | <input type="checkbox"/> |            |
| Has your child previously had a full-time or part-time individual learning assistant? 是否为解决学习障碍而全天或按时段接受过个人特殊辅导? | <input type="checkbox"/> | <input type="checkbox"/> |            |

**3. Please tick in the box if your child ever had a diagnosis of: (Past or Present) 孩子是否接受过下列诊断 (过去或目前)?**

|   |                              |                             |                                  |                              |  |
|---|------------------------------|-----------------------------|----------------------------------|------------------------------|--|
| <b>Autism</b> 自闭症                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Epilepsy</b>                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Asperger's Syndrome</b> 亚斯伯格症候群<br>(不适应集体生活) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Febrile convulsions</b> 高热惊厥症 | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Language Delay</b> 语言迟缓                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Haemophilia</b> 血友病           | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Developmental Delay</b> 发育迟缓                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Hepatitis</b> 肝炎              | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>ADHD/ADD</b> 注意力缺陷障碍及多动症                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Meningitis</b> 脑膜炎            | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Learning Disability</b> 学习障碍                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Persistent headaches</b> 慢性头痛 | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Problems with vision</b> 视力异常                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Poliomyelitis</b> 小儿麻痹症       | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Problems with hearing</b> 听力异常               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Pneumonia</b> 肺炎              | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Asthma</b> 哮喘                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Tuberculosis</b> 肺结核          | <input type="checkbox"/> YES | <input type="checkbox"/> NO                |
| <b>Diabetes</b> 糖尿病                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Allergies</b> 过敏症             | <input type="checkbox"/> YES | Details: _____ <input type="checkbox"/> NO |

**4. If you answered yes to any of the above, please give details and attach documentation.**

以上问题的回答如为“是”，请在下面填写详细内容，并随附相关资料。

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**5. Taking regular medication 是否有定期服用的药物?  Yes [Details: 具体 \_\_\_\_\_ ]  No**

**6. Do you have any concerns regarding your child's ability to learn? If yes, please comment.**

是否担忧孩子的学习能力?若有,请填写详细内容。

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**I hereby declare that the information above is true to the best of my knowledge.**

兹证明上述填写内容真实有效。

**Name of parent/legal guardian (please print) 父母 / 法定监护人姓名**

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**Date 填表日期**

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**Signature of parent/legal guardian 父母 / 法定监护人签名**

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## Agreement of Collecting and Using Personal Information

Pursuant to the Privacy Protection Act and other applicable laws, Branksome Hall Asia (BHA) notifies persons affected and secures their consent, before collecting and using personal information they provide.

Consent to the collection of personal information and personally identifying information

• **Purpose of Collecting Personal Information and personally identifying information**

BHA collects and uses your personal information to carry out the task of screening newly registered students. Personally identifying information used in order to facilitate the management of the registration of new students.

• **Personal Information We Collect**

- Personal information: Name, gender, nationality, address, email, phone, contact information, family details and occupation etc.
- Personally identifying information: National ID number and passport number etc.

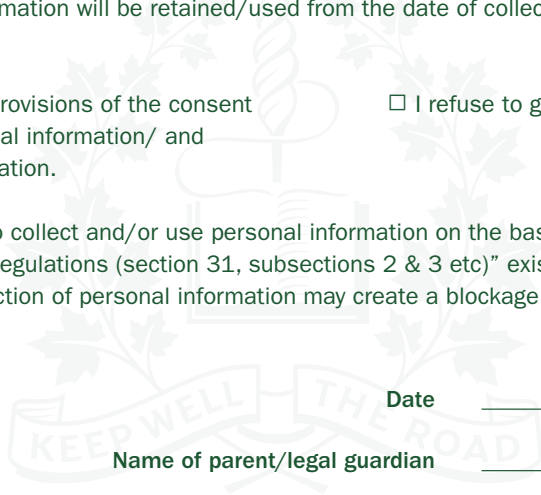
• **Terms of Retention and Usage of Personal Information**

The collected personal information will be retained/used from the date of collection until the collection purpose is fulfilled.

I agree with the terms and provisions of the consent to collect and Use of personal information/ and personally identifying information.

I refuse to give consent.

While the right to refuse permission to collect and/or use personal information on the basis of the “Protection of Personal Information Act”, the “Security Work Regulations (section 31, subsections 2 & 3 etc)” exist. The above information is essential to BHA and refusal of consent to collection of personal information may create a blockage to student application and admittance procedures.



Date \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Signature of parent / legal guardian \_\_\_\_\_

## 个人信息收集、使用提供同意书

Branksome Hall Asia(以下简称BHA)在与入学申请相关过程中收集、使用个人信息时,根据《个人信息保护法》,需征得对方同意。因此,向您说明个人信息收集、使用相关事宜,并确认您同意与否。

- 同意收集/使用上述个人信息。  
 不同意。

个人信息及唯一标识信息收集项目使用保留时间

根据《个人信息保护法》及《安全业务规定》第31款第2项第3款等相关规定,您有权拒绝个人信息的提供及使用,但上述个人信息提供的相关同意是BHA入学申请信息提供及学校行政事务信息等所需的必需事项,如果您拒绝同意收集提供,将影响入学申请。

① 所收集个人信息的项目及目的

[个人信息]学生及家长/法定监护人的姓名、地址、联系方式(邮件地址、手机号码),学生的性别、出生日期、家庭关系及职业等  
[唯一标识信息]身份证号、护照号等

编制日期 \_\_\_\_\_

② 收集方法及保留使用时间

上述个人信息将从提供日起保留、使用至目的实现日为止。

家长/法定监护人姓名 \_\_\_\_\_

家长/法定监护人签名 \_\_\_\_\_