

# English Alliance 2013/14 Application Form (Secondary School)

Annex II

Please return to LE & SCOLAR Section **on or before 5 July 2013** by fax (2801 7732)

To: LE & SCOLAR Section

Attn: Miss Althea FUNG, ExO(EP)

## Moving Theatre for Secondary Schools

For official use only  
Ref. No.: SA02S-

Our school **would join** the Programme.

	<input type="checkbox"/> Mode A. Single School <b>OR</b>	<input type="checkbox"/> Mode B. Mixed Schools
<b>No. of Participating Students:</b>	<b>(120 – 150 students per school)</b> _____	<b>(60 – 80 students per school)</b> _____
<b>No. of Participating Teachers:</b>	<b>(4 - 6 teachers per school)</b> _____	<b>(2 - 4 teachers per school)</b> _____
<b>Choice of Classes:</b> <i>(Please <input checked="" type="checkbox"/> where appropriate, school may choose more than one)</i>	<input type="checkbox"/> Class 01 <input type="checkbox"/> Class 04 <input type="checkbox"/> Class 02 <input type="checkbox"/> Class 05 <input type="checkbox"/> Class 03 <input type="checkbox"/> Class 06	<input type="checkbox"/> Class 07 <input type="checkbox"/> Class 10 <input type="checkbox"/> Class 08 <input type="checkbox"/> Class 09
<b>Use of Venue:</b> <i>(Please <input checked="" type="checkbox"/> where appropriate)</i>	<input type="checkbox"/> Covered Playground (Capacity: _____)	<b>OR</b>
		<input type="checkbox"/> School Hall (Capacity: _____)

### School Information:

School Name: (Eng) \_\_\_\_\_

(Chi) \_\_\_\_\_

School Address: (Eng) \_\_\_\_\_

School Tel. No: \_\_\_\_\_ School Fax. No: \_\_\_\_\_

School E-mail Address: \_\_\_\_\_

Contact Person: Mr/Mrs/Ms \_\_\_\_\_ Post Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**School Chop**

### Notes to school:

## Lots will be drawn in case of oversubscription.

\*\* School will be informed of the enrolment result directly by Shakespeare4All Company Limited.