

SINGAPORE SOKA ASSOCIATION
PRIMARY DIVISION REGISTRATION FORM
新加坡创价学会小学部申请表

Applicant's
Recent Photo
申请者近照
(Passport Size
护照型)

(I) Particulars of Student 学生资料

Name 姓名: _____ (E 英) _____ (C 中)
(Name as in Birth certificate 姓名与报生纸相同)

Gender 性别 **Female 女 / Male 男** Nationality 国籍 _____ Race 种族 _____

Date of Birth 出生日期 _____ Home/Hp Tel 住家/手机电话 _____

Home Address 地址 _____ Postal Code 邮区 _____

Name of School 学校 _____ Level 年级 _____

RHQ 区域 _____ Zone 本部 _____ Chapter 支部 _____ District 地区 _____

Preferred time for meeting is 较能出席的会议时间 *(you may tick more than one 可超过一个选择)*

- Saturday 3 pm 星期六下午 3 时
- Sunday 10.30 am 星期日上午 10 时 30 分
- Sunday 2 pm 星期日下午 2 时
-

Preferred place of meeting is 较方便出席的会议地点 *(please tick only one 请选一项)*

- Around my house 在我家附近
- In other place eg: Grandmother's house 在其他地点 如: 祖母家
(Please state address 请列明地址) _____

Others 其他:

- a. **Special Group in SSA 学会的特别组** _____
- b. **CCA in school 学校的课外活动** _____
- c. **Hobbies & Interests 嗜好** _____
- d. **Health Problems, if any 健康问题, 如有** _____
- e. **Email Address, if any 电邮** _____

(II) Particulars of Parents 家长资料

Name 姓名 _____ (E 英) _____ (C 中)

Date of Birth 出生日期 _____ Home Tel 住家电话 _____ HP/手机 _____

Relationship with Student 与学生的关系: **Mother 母亲 / Father 父亲 / Guardian 监护人** *(To circle 请圈)*

Organization Position 学会职务: **Believer 内得 / Member 会员 / Leader 干事** *(To circle 请圈)*

Date of Conversion 入信日期: _____ Length of Practice 修行年数 _____

(III) Particulars of Requester 要求者资料

(If person submitting this Application Form is other than the child's parents. 如果申请者非孩子的家长)

Name 姓名 _____ (E 英) _____ (C 中)

Relationship to Student 与孩子关系 _____ Organization Position 学会役职 _____

Date of Birth 出生日期 _____ Home Tel 住家电话 _____ HP/手机 _____

**SINGAPORE SOKA ASSOCIATION
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新加坡创价学会小学部申请表格**

Consent on usage of my personal data 同意让 SSA 使用个人资料

I consent to the above information being collected, used and disclosed by Singapore Soka Association so that the Association may facilitate my participation in the activity for which this application is made.

By signing this Primary Division Registration form, I agree that Singapore Soka Association may collect, use and disclose my personal data, as provided in this registration form, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy:

- (a) the processing of this Believer registration; and
- (b) the recording of these information in our system.

I have obtained consent from the parents of the child for the collection, use and disclosure of the Personal Data for the purposes of informing the Association's activities and on matters pertaining to membership in the Association.

Please visit our website at (<https://ssabuddhist.org/pdpa/>) for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

我同意新加坡创价学会收集、使用和披露以上资料，以便于我参与有关此申请的活动。

签署这份”小学部申请表格“表示我同意让新加坡创价学会（SSA）依据 2012 年个人资料保护法令和 SSA 的资料保护政策，收集、应用和透露您填写在此表格的个人资料作为以下用途：

- (a) 进行此小学部申请表格的处理
- (b) 将资料储存在我们的系统

我已征得学生的父母的同意，让学会收集、使用与披露他们的个人资料，以便于通知有关新加坡创价学会的活动及与会员相干的事宜。

关于 SSA 的资料保护政策，包括您如何能进入去更改您的个人资料或取消同意收集、应用和透露您的个人资料的详情，可浏览 SSA 网站 (<https://ssabuddhist.org/pdpa/>) 了解更多。

Signature of Parent 家长签名

Date 日期