

致： 香港演藝學院 學生招募拓展處 香港灣仔告士打道一號 教學樓一樓 A108 室
傳真： 2584-8948 電話： 2584 8703 / 2584 8950
電郵： srce@hkapa.edu / vivienlee@hkapa.edu

香港演藝學院《演藝之旅》外展活動 2021/22 活動報名表

*只需填寫中文或英文表格

本校將安排老師統籌學生出席有關活動。

請清楚填寫以下資料

學校名稱：(中)_____

學校名稱：(英)_____

學校地址：_____

負責老師姓名：_____ 學校電話：_____ 傳真：_____

*手提電話：_____ *電郵：_____

(*必須填寫以作報名確認及日後聯絡之用)

有興趣參與的活動

甲. 在演藝學院舉行的活動

活動名稱	月份	參與學生 人數	級別

乙. 到校活動

如 貴校選擇以下活動，請提供可行的活動日期及時間。

活動名稱	日期首選	日期次選 1	日期次選 2	時間	參與學生 人數	級別
《戲劇進行中》 到校戲劇工作坊						

備註：

1. 《戲劇進行中》到校戲劇工作坊：共 2 小時，於 2022 年 5 月下旬至 6 月中舉行，人數最少為 6 人，請填寫首選及次選的日期及時間。

負責老師簽署：_____

姓名：_____

職位：_____

日期：_____



收集個人資料聲明

參加者資料絕對保密，並將存檔於香港演藝學院學生招募拓展處資料庫，以作日後通訊之用。如不欲接收學院的任何資訊，請在下列方格加上「✓」。

本人不接受香港演藝學院的任何資訊。

To: Student Recruitment and Community Engagement Office
Room A108, 1/F, Academy Block, The Hong Kong Academy for Performing Arts, 1 Gloucester Road, Wanchai
Fax: 2584 8948 Tel: 2584 8703 / 2584 8950
Email: srce@hkapa.edu / vivienlee@hkapa.edu

HKAPA Creative Journey Outreach Programme 2021/22 Application Form

Only fill in either English or Chinese application form

We would like to arrange students to participate in the activities below.

Please fill in the information

School name (Chinese): _____

School name (English): _____

School address: _____

Teacher's name: _____ School phone no.: _____ Fax: _____

*Mobile phone no.: _____ *Email: _____

(*Correspondence will be conducted mainly via mobile phone or email)

Please fill in activities which you wish to enroll

A. Activities which take place at HKAPA

Name of Activity	Month	No. of students	Form

B. Activities which take place at your school

If you wish to enroll in the following activities, please provide available dates and time of your school

Name of Activity	1 st Choice of Date	2 nd Choice of Date	3 rd Choice of Date	Time	No. of students	Form
Discovering the Dramatic Space Drama Workshop						

Remarks:

- Discovering the Dramatic Space Drama Workshop:** It lasts for 2 hours in Cantonese. It shall be conducted within late May to mid-June 2022. Please provide at least two time slots.

Signature of Teacher: _____

Name: _____

Position: _____

Date: _____

School Chop

Personal Information Collection Statement

All data collected will be treated as confidential and will be used solely by the Student Recruitment and Community Engagement Office for communications and direct marketing purposes. The Office would also like to keep in touch with you via email in future to provide information relevant to your subjects of interest and other news about the Academy.

Please tick this box if you do not wish to receive information about the Academy in future.