

2021 SUMMER TERM SOCRATES CRITICAL THINKING PROGRAMMES
APPLICATION FORM

Welcome to ARCH Education Center (Central)! (EDB Registration No.: 603120)
 ARCH Education Center (Central) Unit 202-205, 2/F Wilson House, 19-27 Wyndham Street, Central, Hong Kong
 Tel: 852-3568-0406 Fax: 852-3568-0412 E-mail: info@arch-education.com
www.arch-education.com

***Please complete all fields**

Please select:	<input type="checkbox"/> Existing student	<input type="checkbox"/> New student
Student's name: _____	School: _____	Grade / Year: _____
Parent's contact number: _____	Parent's Email: _____	
<input type="checkbox"/> Pre-course assessment - Required for all new students prior to enrolment. Fee: \$500.00 – Redeemable upon course enrollment		
What is the purpose or goals of your child enrolling in this ARCH class?		
<input type="checkbox"/> To try something new outside of his/her school curriculum	<input type="checkbox"/> To help improve his/her schoolwork	
<input type="checkbox"/> To prepare for UK/US Boarding School and/or University	<input type="checkbox"/> Other: _____	
How did you learn about ARCH? (You may choose more than one option.)		
<input type="checkbox"/> Online Search Engine (Google/Yahoo)	<input type="checkbox"/> Email	
<input type="checkbox"/> Online Banner	<input type="checkbox"/> Direct Mail	
<input type="checkbox"/> Facebook / Instagram	<input type="checkbox"/> Magazine/ Newspaper	
<input type="checkbox"/> Minibus advertisement	<input type="checkbox"/> Talk / Event:	
<input type="checkbox"/> ARCH Website	<input type="checkbox"/> Referral: _____	

SOCRATES CRITICAL THINKING PROGRAMMES (14th Jun 2021 – 20th Aug 2021)

All lessons are conducted onsite, however, should EDB recommend against onsite lessons, we will notify all students when classes will be on Zoom from their homes.

For information about the principal and teachers, please refer to <https://www.arch-education.com/about-us/our-team/>

A. SOCRATES CRITICAL THINKING LEVEL 1 (AGE 9-11 / P4-P6/Y5-Y7/G4-G6)							
Course Name	Available Time/Dates*	Course A	Course B	Course C	Course D	Course E	Course Fee
		<input type="checkbox"/> Jun 21-25	<input type="checkbox"/> Jun 28- Jul 2* <input type="checkbox"/> Jul 5-9	<input type="checkbox"/> Jul 12-16 <input type="checkbox"/> Jul 19-23	<input type="checkbox"/> Jul 26-30 <input type="checkbox"/> Aug 2-6	<input type="checkbox"/> Aug 9-13	
Socrates Critical Thinking Level 1 Classroom: Tower^	10:30AM-12:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$3,900 (\$520/hr) 1.5 hrs/lesson 5 lessons 7.5 hrs total

FOR INTERNAL USE ONLY
Student No.:
Handled By:
Submitted Date:

B. SOCRATES CRITICAL THINKING LEVEL 2 (AGE 12-14 /S1-S3/Y8-Y10/G7-G9)

Course Name	Available Time/Dates*	Course A	Course B	Course C	Course D	Course E	Course Fee
		<input type="checkbox"/> Jun 21-25	<input type="checkbox"/> Jun 28- Jul2* <input type="checkbox"/> Jul 5-9	<input type="checkbox"/> Jul 12-16 <input type="checkbox"/> Jul 19-23	<input type="checkbox"/> Jul 26-30 <input type="checkbox"/> Aug 2-6	<input type="checkbox"/> Aug 9-13	
Socrates Critical Thinking Level 2 Classroom: Tower^	12:00PM-1:30PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$4,350 (\$580/hr) 1.5 hrs/lesson 5 lessons 7.5 hrs total

^Classroom assignment is subjected to change;

* Classes will be held as per usual during public holiday on July 1

PAYMENT METHODS

After you have received the placement notification, please settle the full payment to secure the placement

CASH / EPS:	Must be settled in person at our center
CHEQUE:	Payable to "ARCH Academy Limited"
BANK-IN (HSBC HK):	Account Name: ARCH Academy Limited Account No.: 400-642-468-001 *Please provide the bank-in / transfer reference for verification
PPS	PPS (Merchant code: 6593) Please enter "01" for the payment of Group Classes/ Courses, and "02" for the payment of Private lessons. Note: Students are required to register the relevant student number before making payment. Please contact our Client Service Executives for your Student Number if necessary. *Please provide the reference number for verification.

SIGNATURE & DECLARATION

Your signature below indicates that you have read, understand, and agree with ARCH Education Center (Central)'s School Policy and Lesson Arrangement.

APPLICANT or PARENT'S SIGNATURE* <small>*For student 18 or under</small>	NAME IN BLOCK	DATE
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