



基立学院  
JUBILEE CHRISTIAN ACADEMY  
Saved to serve with love and excellence for the Great Commission.

STUDENT ACTIVITIES CREDIT OF OUT-OF-SCHOOL TRAINING  
APPLICATION FORM

Please write in PRINT

NAME : \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

GRADE & SECTION : \_\_\_\_\_ DEPARTMENT : \_\_\_\_\_

OUT OF SCHOOL TRAINING : \_\_\_\_\_  
COACH'S ORGANIZATION : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_

CONTACT NUMBER : \_\_\_\_\_  
EMAIL ADDRESS : \_\_\_\_\_

Documents to be submitted to the Student Activities Coordinator

Required Documents	Date Submitted	SA Coordinator's Initial
A. Certificate of Official Enrolment	_____	_____
B. Coach's Credentials (e.g., trainings, awards, affiliations)	_____	_____
C. Organisation's Credentials (e.g., trainings, awards, affiliations)	_____	_____

Remarks in Documents Submitted:

\_\_\_\_\_ Submitted complete set of documents as required.  
\_\_\_\_\_ Submitted incomplete set of documents

Lacking in: \_\_\_\_\_ Item A \_\_\_\_\_ Item B \_\_\_\_\_ Item C  
\_\_\_\_\_ Others (please specify) : \_\_\_\_\_

Checked by : \_\_\_\_\_  
JHS-SHS Student Activities Coordinator

Approved / Disapproved Due to: \_\_\_\_\_  
\_\_\_\_\_

Approved by:

\_\_\_\_\_  
Student Activities Department