

# The Education and Youth Affairs Bureau DSEJ

Application form for licence of establishment of private education institution  
( In accordance with the stipulation of Decree-law 38/93/M on 26<sup>th</sup> July )

## I. Applicant is a natural person

1. Name	Chinese				Sex	Male	
	Portuguese					Female	
2. Identity document	BIR / Other (Please specify)		No.		Nationality		
			Issued date		Date of birth		
			Issued place		Place of birth		
3. Address	Chinese						
	Portuguese						
	Tel. (Residence)		Tel. (Office)				
4. Academic background	Level/Degree		Major				
	Name of the education institute						
	Country where the education institute located						

Documents to be submitted: Copy of identity card;  
Copy of academic certificate;  
Certificate of criminal record;  
Health and sanity certificate issued by the local Health Bureau

## II. The applicant is a legal person

1. Name	Chinese						
	Portuguese						
2. Address of the headquarter in Macao	Chinese						
	Portuguese						
	Telephone						
3. Registered or matriculated No.							
4. Name of the representative of legal person	Chinese				Sex	Male	
	Portuguese					Female	
5. Identity document	BIR / Other (Please specify)		No.		Nationality		
			Issued date		Date of birth		
			Issued place		Place of birth		
6. Contact address of the representative of legal person	Chinese						
	Portuguese						
	Contact Tel.						

Documents to be submitted: Copy of registered document of the organisation and its charter;  
Documents that verified the identity of the representative of legal person;  
Copy of the identity card of the representative of legal person;  
In case of religious organisation, the proof of its establishment in accordance with the law should be submitted.

**III. Principal**

1. Name	Chinese				Sex	Male	
	Portuguese					Female	
2. Identity document	BIR / Other (Please specify)		No.		Nationality		
			Issued date		Date of birth		
			Issued place		Place of birth		
3. Address	Chinese						
	Portuguese						
	Tel. (Residence)				Tel. (Office)		
4. Academic background	Level/Degree				Major		
	Name of the education institute						
	Country where the education institute located						
5. Ever engaged in other leading posts? What are they?							

\* If the applicant will be the principal, the head of teaching and learning or/and the head of administration of the institution, it is not necessary to repeat filling in the following tables.

The documents mentioned in Part I should be submitted.

**IV. Head of teaching and learning**

1. Name	Chinese				Sex	Male	
	Portuguese					Female	
2. Identity document	BIR / Other (Please specify)		No.		Nationality		
			Issued date		Date of birth		
			Issued place		Place of birth		
3. Address	Chinese						
	Portuguese						
	Tel. (Residence)				Tel. (Office)		
4. Academic background	Level/Degree				Major		
	Name of the education institute						
	Country where the education institute located						

The documents mentioned in Part I should be submitted.

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## V. Head of Administration

1. Name	Chinese				Sex	Male	
	Portuguese					Female	
2. Identity document	BIR / Other (Please specify)		No.		Nationality		
			Issued date		Date of birth		
			Issued place		Place of birth		
3. Address	Chinese						
	Portuguese						
	Tel. (home)		Tel. (Office)				
4. Academic background	Level/Degree		Major				
	Name of the education institute						
	Country where the education institute located						

The documents mentioned in Part I should be submitted.

## VI. Private education institution

1. Name	Chinese							
	Portuguese							
2. Address	Chinese							
	Portuguese							
3. Teaching language intended to be adopted								
4. Intend to join the Macao education system	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
5. Intend to have the purpose of profit-making	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
6. Purpose of the building	Resident <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>			Other <input type="checkbox"/>		
7. Education level and type	Academic structure							
	Pre-school	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Vocational technical <input type="checkbox"/>	
	Non-academic structure							
	Occupation	language <input type="checkbox"/>	Commerce <input type="checkbox"/>	Computer <input type="checkbox"/>	Arts <input type="checkbox"/>	Other <input type="checkbox"/>		
Other (Please specify):								
8. Commencement date of operation								
9. Number that can be held	No. of classroom		Maximum no. of students can be held in each classroom		No. of classes		No. of students	

10. Other spaces	Gymnasium	<input type="checkbox"/>	Canteen/Snack bar	<input type="checkbox"/>	Audio-visual room	<input type="checkbox"/>	Library	<input type="checkbox"/>
	Medical room	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Workroom	<input type="checkbox"/>		
	Other areas for specific purposes	<input type="checkbox"/>						
11. Operation hours (Please attach the time-table)	Every day	Morning		Afternoon		Evening		
	Every week							

Signature of the applicant:

\_\_\_\_\_

(In case of legal person, please stamp the seal of the organization/company)

\_\_\_\_\_

Date:

Documents to be submitted:

- Scale planning of the venue intended to be the education institution;
- Memorandum describing the building planning;
- Name list of teachers and their academic background (Annex 1);
- Planned equipments (Annex 2);
- Names of the disciplines (Annex 3)..

\_\_\_\_\_

To be filled in by the Education and Youth Affairs Bureau  
Opinions of the Inspecting and Supervising Committee

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Annex 1

## List of teachers' names

No.	Teacher's name	Academic background	Disciplines to be taught	Post

Macao, \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Applicant

\_\_\_\_\_  
(Signature)

Documents to be submitted: the foregoing academic certificates.

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Annex 2

## Names of teaching equipments

No. of the classroom	Name of the teaching aids	Quantity

Macao, \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Applicant:

\_\_\_\_\_ (Signature)

Disciplines taught and the class hours

Grade

Education level

\_\_\_\_\_

No.	Name of discipline	Duration per period	Class hour per week (calculated in accordance with the period)	Time
				Morning <input type="checkbox"/>
				Afternoon <input type="checkbox"/>
				Evening <input type="checkbox"/>

Macao, \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Applicant:

\_\_\_\_\_

(Signature)

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## Declaration

I hereby declare that Mr. /Madam \_\_\_\_\_, holder of Macao Identity Card,

No. \_\_\_\_\_, live \_\_\_\_\_, is the substitute of

the entity running the school, when I am absent or not able to attend the school affairs

Macao, \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Declarer

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(Signature · Seal)