

南屯門官立中學  
校內評核規則

I. 學期成績名次排序

為使學生對自己的學業表現有更深入的了解，學生上學期成績及全年成績中的全級名次及分科名次將會詳列於成績表內，以供參考。

初中學生以全科平均成績排序全級名次，高中學生以核心科目的平均成績排序全級名次。

II. 計算學期成績準則

(1) 學期的成績，即上學期期考及學年考試

$$\text{學期成績} = 20\% \times (\text{測驗成績}) + 70\% \times (\text{考試成績}) + 10\% \times (\text{平時成績})$$

(2) 全年成績 =  $\frac{1}{3}$ (上學期成績) +  $\frac{2}{3}$ (下學期成績)

初中學生在全年總平均成績不合格，或出席率未達 80%，可能不獲升級。

高中學生在全年總平均成績、核心科目平均成績或選修科目平均成績不合格、或出席率未達 80%，可能不獲升級。

III. 測驗 / 考試缺席的處理方法

學生若因特殊事故缺席測驗或考試，須先申請並提供相關證明文件，經校方批准始獲特殊處理。若學生因病缺席，必須呈交醫生給予是日病假的證明文件。若無故缺席，測驗或考試將作零分計算。學生即使獲校方批准缺考，亦不會有補考安排，其學科成績及名次將按下表計算：

|                             | 上學期成績表   | 下學期成績表  |
|-----------------------------|--|---|
| 學生缺席<br>上學期測驗               | 該科測驗分數：ABS (缺席)<br>該科測驗分數 <b>估算</b> ：取該科考試分數<br>名次：根據該科的上學期分數排名次 | 按一般計法   |
| 學生缺席<br>上學期考試               | 該科考試分數：ABS (缺席)<br>名次：沒有   | 該科考試分數：學生實際得分<br>該科全年總分計算時上學期考試分數 <b>估算</b> ：<br>下學期考試分數×80%<br>名次：根據該科之全年總分排名次   |
| 學生缺席<br>下學期測驗               | 按一般計法  | 該科測驗分數：ABS (缺席)<br>該科測驗分數 <b>估算</b> ：取該科考試分數<br>名次：根據該科之全年總分排名次                   |
| 學生缺席<br>下學期考試               | 按一般計法  | 該科考試分數：ABS (缺席)<br>該科全年總分計算時下學期考試分數 <b>估算</b> ：<br>上學期考試分數×80%<br>名次：根據該科之全年總分排名次 |
| 學生缺席<br>上學期考試<br>及<br>下學期考試 | 該科分數：ABS (缺席)<br>名次：沒有   | 該科分數：ABS (缺席)<br>該科全年總分：ABS (缺席)<br>名次：沒有   |

## Instructions to Candidates 考生須知

### General Instruction 一般須知

1. Good conduct, silence and absolute honesty are essential on the part of every candidate taking the test/examination. Students who misbehave or act maliciously in such a way that they upset the conduct of the test/examination will risk mark penalty or disqualification from the subject test/examination. Students disqualified for cheating or attempted cheating will be given **zero mark** for the paper(s)/subject(s) and be punished with **a demerit point / a major demerit**.  
應考期間，學生必須誠信守規，保持肅靜，如有行為不檢，擾亂秩序，可能會被扣分或取消該科的成績。學生作弊或意圖作弊，該卷或該科被評為 0 分外，並予以**缺點／大過處分**。
2. Candidates must follow invigilators' instructions during the test/examination or **conduct marks will be deducted**.  
在測試／考試期間，考生必須遵循監考人員的指示，否則予以**扣減操行分處分**。
3. Any candidate absent from the test/examination due to sickness should produce a medical certificate on his/her return to school.  
考生若因病缺席測驗／考試，應在病假後第一個上學日向學校出示醫療證明文件。
4. No supplementary test/examination will be conducted for candidates who have been absent from or have failed in the test/examination.  
缺席測驗／考試，或成績不及格的考生，不會被安排補考。
5. In the event of the suspension of school due to adverse conditions, such as tropical cyclone, the test/examination scheduled to be held on that day will be postponed and arrangements for these tests/examinations will be announced later. Tests/Examinations will, however, resume according to the original test/examination timetable when the school re-opens.  
倘因惡劣天氣或特別事故（例如熱帶氣旋）而學校停課，原定於當天舉行的測驗／考試將被順延及另行通知安排。其他測驗／考試科目將按照原定時間表繼續進行。

### Before the Start of Test/Examination 測驗/考試開始前

6. Candidates are advised to arrive at the test/examination centre at least 10 minutes before the start of the test/examination.  
考生宜於開考前 10 分鐘到達試場。
7. Candidates must occupy the seat assigned to you in accordance with the seat number stated on the seating plan posted in the test/examination centre.  
考生必須按照試場內張貼的座位表依次就座。
8. Candidates must bring to the test/examination centre your own stationery (e.g. blue or black ball pens for conventional papers, HB pencils for MC papers etc.). Stationery will not be supplied at centres. If you bring a pencil case/box with you, you must place the stationery on your desk and put the pencil case/box under your chair.  
考生必須自備書寫文具（例如：一般試卷所用的藍色或黑色原子筆、填寫多項選擇題答題紙的 HB 鉛筆等），試場不會供應文具。考生倘帶備筆盒／筆袋應試，應將筆盒／筆袋內的文具取出，放置桌上，然後把筆盒／筆袋放在座椅下。
9. You must put your personal belongings in a small bag that can be properly closed with a zip/buckle etc.  
考生必須將個人物品放入一個細小而附有拉鍊或鈕扣的手提包內，並且：
  - a. The bag must be properly closed.  
將手提包的封口合上或拉上拉鍊；
  - b. The bag must be placed under your chair or in an area assigned by the invigilators.  
將手提包放在座椅下或監考員指定的地方。If you have not brought a bag that can be securely closed, the invigilators will ask you to take your personal belongings to the front of the examination room.  
若未有帶備上述的手提包，監考員會要求考生將個人物品放在試場前的指定位置。
10. a. Electronic calculators, including programmable calculators, may be used in any examination sessions (other than Chinese Language and English Language) provided that the calculators are battery-powered, silent in operation, with no print-out or graphic/word-display facilities and do not use dot-matrix technology in the main display.  
各科考試（除中國語文科和英國語文科外）均可使用電子計算機，包括可輸入計算程式的計算機。但計算機必須以乾電池為能源、操作時不能發出聲響及沒有印刷或顯示圖表／語句設備。考生不得使用備有點陣顯示模式的計算機。

- b. The calculators must have been pad-printed with the 'H.K.E.A.A. APPROVED' or 'H.K.E.A.A. APPROVED' label. If the label on your calculator has faded with time, you should have it pad-printed again before the test/examination. Candidates bringing a calculator without the required label to the examination will risk a **mark penalty**.  
計算機必須印有「H.K.E.A.A. APPROVED」或「H.K.E.A. APPROVED」的標籤。倘若計算機因經長期使用以致標籤褪色，考生必須在考試前重新加印標籤。考生攜帶未有印上指定標籤的計算機應試，會被扣分。
- c. You must not write anything on the calculators. Otherwise, you will be subject to a **mark penalty** or may even be given a **zero mark** for the paper(s)/subject(s) and be punished with a **demerit point/ a major demerit**.  
考生不得在計算機背後書寫，否則會被扣分，或取消卷別／科目成績，並予以缺點／大過處分。
- d. You are required to remove the calculator cover/jacket and place it inside your bag or under your chair during the test/examination.  
測驗／考試期間，考生必須將計算機的機蓋／封套放置於手提包內或座椅下。
11. If unauthorized articles such as books, dictionaries, revision notes in written/electronic form, question papers from previous test/examination session(s) and any electronic devices are found on your desk or in the drawer of your desk, in your pockets or on your body after the invigilator has announced the distribution of question papers, you will receive a **mark penalty** or may even be given **zero mark** for the paper(s)/subject(s) and be punished with a **demerit point / a major demerit**.  
監考員宣布分派試卷後，若在考生的桌上、抽屜內、衣袋內或身上發現違規物品，例如：書籍、字典、印刷／電子版的溫習筆記、上一節考試的試卷及任何電子器材，該卷／該科的成績會被扣分或取消，並予以缺點／大過處分。
12. If you are found to have any electronic device switched on during a test/an examination, you will be subject to a **mark penalty** and be punished with a **demerit point**.  
在測驗／考試進行中，如考生被發現未有關掉電子器材，有關科目成績會被扣分，並予以缺點處分。
13. You are strongly advised not to bring your mobile phone to the test/examination centre. If you have a mobile phone with you, it must be turned off (including the alarm function) and put under your chair in a position clearly visible to the invigilators. You are also advised to take out the battery from your mobile phone to ensure that no sound will be emitted because of the alarm function. If the alarm of your mobile phone rings during the test/examination, you will receive a **mark penalty** and be punished with a **demerit point**.  
校方強烈勸籲考生勿攜帶手提電話進入試場。如考生攜帶手提電話，應把它關掉（包括響鬧功能）並放在座椅下的當眼處，讓監考員清楚看見。開考前，考生應將手提電話的電池取出（如可能的話），以確保電話不會發出聲響。如果考生的手提電話或備有響鬧功能的物品在考試中途發出聲響，該科成績會被扣減，並予以缺點處分。
14. Candidates are not allowed to leave the test/examination/revision centres until the end of the test/examination/revision session.  
測驗／考試／溫習時段完結前，考生不得提早離開試場。
15. Materials provided by the school for test/examination purposes should not be taken away without the permission of the invigilators.  
未經監考員允許，考生不得將校方提供之測驗／考試材料攜離試場。

#### Distribution of Test/Examination Materials 派發測驗/考試材料

16. When you receive your question paper, check the front cover to ensure that it is the correct paper for that examination session. If you are in doubt, ask an invigilator.  
考生獲分發試卷後，須檢查試卷封面上的科目名稱及卷別是否正確。如有疑問，應立即向監考員查詢。
17. You must not turn over the pages of the question paper/reading passage/data file when checking the front cover unless the question-answer book is inserted inside, and must not start working until you are instructed to do so. Otherwise, you will receive a **mark penalty**.  
在檢查試卷封面時，不得翻閱試卷／閱讀能力考材／閱讀材料（除非試題答題簿夾附於其中），及不得在未獲指示前開始作答／書寫，否則會被扣分。
18. **You should write your Name, Class, Class Number or/and mark the appropriate boxes for the above information ONLY AFTER the announcement of the start of the test/examination.**  
監考員宣布開考後，考生才可在答卷上填上姓名、班別、班號及／或就以上資料填畫適當方格。

During the Test/Examination測驗／考試進行中

19. Candidates must follow the instructions on the question paper when answering questions, otherwise test/examination marks may be deducted. Unless otherwise stated on the question papers, you are advised to use a blue or black pen to write the answers for conventional papers.

考生須根據試卷上的考生須知回答試題，否則會被扣分。除試卷上另有指示，一般情況下，考生宜使用藍色或黑色原子筆書寫答案。

20. Use of M.C. answer sheets有關多項選擇題答題紙的作答指引

a. When marking on the multiple choice answer sheet, candidates should use a HB pencil.

考生須使用 HB 鉛筆在多項選擇題答題紙上填畫答案。


b. Fill in all information at the top of the answer sheet (Subject, Paper, Name, Date, Class, Class No) and blacken the appropriate boxes.

於適當方格上填畫考生資料（包括科目、試卷、姓名、日期、班別、班號）。

c. Candidates should mark the class number in 2 digits, such as “07” for class number 7 and “28” for class number 28.

考生必須以2位數碼填畫班號，例如班號7填寫「07」、28號則填寫「28」。

▲ South Tuen Mun Government Secondary School ▲  
南屯門官立中學



答題紙 ANSWER SHEET  
須用 HB 鉛筆填寫  
USB AN HB PENCIL ONLY

|     |               |
|-----|---------------|
| (1) | 科目<br>Subject |
| (2) | 試卷<br>Paper   |
| (3) | 姓名<br>Name    |
| (4) | 日期<br>Date    |

|             |   |                          |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
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| Total Marks | (5) 班別<br>Class   | (6) 班號<br>Class No       |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
|             | <table style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td><input type="checkbox"/></td><td>A</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>B</td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>C</td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td>D</td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td>E</td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td>R</td><td><input type="checkbox"/></td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> </table> <p>例：<br/>3A 請填<br/>3 ■ A ■</p> | 1                        | <input type="checkbox"/> | A | <input type="checkbox"/> | 2 | <input type="checkbox"/> | B | <input type="checkbox"/> | 3 | <input type="checkbox"/> | C | <input type="checkbox"/> | 4 | <input type="checkbox"/> | D | <input type="checkbox"/> | 5 | <input type="checkbox"/> | E | <input type="checkbox"/> | 6 | <input type="checkbox"/> | R | <input type="checkbox"/> | 7 | <input type="checkbox"/> |  | <input type="checkbox"/> | <table style="width: 100%; border-collapse: collapse;"> <tr><td>0</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>8</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>9</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>例：<br/>1 號請填<br/>0 ■ 1 ■<br/>28 號請填<br/>2 ■ 8 ■</p> | 0 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | <input type="checkbox"/> | <input type="checkbox"/> | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 3 | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input type="checkbox"/> | <input type="checkbox"/> | 6 | <input type="checkbox"/> | <input type="checkbox"/> | 7 | <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | <input type="checkbox"/> | 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1           | <input type="checkbox"/>  | A                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 2           | <input type="checkbox"/>  | B                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 3           | <input type="checkbox"/>  | C                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 4           | <input type="checkbox"/>  | D                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 5           | <input type="checkbox"/>  | E                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 6           | <input type="checkbox"/>  | R                        | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 7           | <input type="checkbox"/>  |                          | <input type="checkbox"/> |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 0           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 1           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 2           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 3           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 4           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 5           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 6           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 7           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 8           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 9           | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |  |                          |   |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |

d. To mark a box, candidates should blacken the entire space. Wrong markings must be completely erased with an eraser. Correction fluid cannot be used.

填畫答案時，考生須將整個方格填黑。錯誤答案可用膠擦將筆痕徹底擦去，不能使用塗改液。

Successful marking:      
有效填畫

Unsuccessful marking:

21. The rough-work sheets supplied in a test / an examination will be collected separately at the end of the test/examination by the invigilators but they will NOT be marked.

測驗／考試完結時，監考員將收回草稿紙，但草稿紙上書寫的任何文字或圖表將不獲評閱。

22. If you have to go to the toilet during the test/examination, you must raise your hand to summon an invigilator. The invigilator will ask you to complete the information by yourself. Fill in the particular form with your name, your class, your class no., the time you leave the assessment centre and the time you return to the centre.

在考試過程中，考生欲前往洗手間，須舉手向監考員示意。監考人員將會要求考生自行登記資料，包括考生姓名、班別、班號、離開試場前往洗手間的往返時間。

23. When the ‘Time is up’ announcement is made, make sure that you stop working immediately. After the ‘Time is up’ announcement, You are not allowed to hold any stationery or work on your answer books, or to use an eraser or to fill in question numbers, etc.. If you do so, the invigilators may assume that you are trying to change/add an answer, and this will lead to a **mark penalty**.

當監考員宣佈「考試現已終結」，考生必須立即停止作答，不可再手持文具或改動答卷，也不可使用膠擦或填寫試題編號等，否則會因試圖改動／加增答案而被扣分。