

Date ____yy ____mm ____dd Tel:31532700 Fax:31608745

First _____ Middle _____ Last _____

(English Name)

(Surname)

(Photo)

Chinese Name: _____

School: _____

Form: _____ Sex: M/F Date of Birth: ____yy ____mm ____dd

Date of admission: ____yy ____mm ____dd

Student's information:

Contact no. : (Mobile) _____ (Home) _____

Address: Room/Flat _____ Floor _____ Block _____

Building/Complex _____

Street _____

District _____ HK / Kln / NT

Email Address : _____

Parent's information:

Contact no. : (Mobile 1) _____ (Mobile 2) _____

Email Address : _____

Class applied:

<p>Subject 1: _____</p> <p>Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Subject 2: _____</p> <p>Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Subject 3: _____</p> <p>Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Subject 4: _____</p> <p>Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Remarks:</p>	