



**\* Use Block Letters Only**

Student's English Name : \_\_\_\_\_ Student's Chinese Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending : \_\_\_\_\_ Level of Study : \_\_\_\_\_

Guardian's Name : \_\_\_\_\_

Mobile : \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_

Specific Food Allergies 食物敏感 (Please specify): \_\_\_\_\_

\_\_\_\_\_

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Course Code	Name	Fees

\*Please photocopy this form upon your usage

Course Code	Name	Fees

Total: \_\_\_\_\_

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Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Official Use Only:

Date of Recipient: \_\_\_\_\_ Form of Payment:  Cheque  Cash

Food Allergies:  No  Yes: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_