

Kiangsu - Chekiang College

INTERNATIONAL SECTION

Photo

Application for Admission

Name of Applicant:
(Surname) (First and Middle) (Chinese Name)

Age: Date of Birth: Sex:
day/month/year

Nationality: Place of Birth:

1st Language: 2nd Language:

Applying for which Class? Starting from:
Month/year

Details of Brothers/Sisters:

Home Address:

Home Tel. No: Fax No: Email address:

School Information

Name of last school attended:

Other schools attended and dates:

Medical Details

Does your child suffer from:

Asthma or other Allergies? Epilepsy?

Heart Condition? Ear problems?

Eyesight problems? Diabetes?

Other medical conditions?

Family Information

Father's name: Occupation:

Father's work address:

Tel. No: Fax no: Mobile No:

Email address:

Mother's name: Occupation:

Mother's work address:

Tel. No: Fax no: Mobile No:

Email address:

Emergency Contacts

To be contacted in an emergency should the parents be unavailable.

Contact's name: Tel. No.(work): (home)

Relationship to child/family:

Additional Information

.....
Please use this space to write anything which is relevant to your child's progress at the school, i.e. illness, any current medication, special educational needs, any current family information (divorce, bereavement etc.).

To be completed by the School:

Application Received:

Date of Interview: Registration Number:

HK\$500 Application fee paid by: Cash Cheque no

Interview summary/notes

Applicant Accepted/Rejected Applicant will start school on