

STUDENT DATA FORM

Please use BLOCK letters.

**Please delete as appropriate.*

Student Information Please fill in your name(s) as per your passport or identity card.	
Surname:	First Name:
Second Name:	Preferred Name:
Name in Chinese (if applicable):	Date of Birth:
Place of Birth (country):	Nationality:
Sex:	HKID No. (if applicable):
Passport No.:	Expiry Date (dd/mm/yy):
China Travel Pass No. (if applicable):	Expiry Date (dd/mm/yy):
First Language:	Second Language:
E-mail:	Mobile Phone No.: _____ (country + area code) (tel no.)
Mailing Address:	
Postal Code:	Country:
Tel No: _____ (country + area code) (tel no.)	Fax No.: _____ (country + area code) (fax no.)
Former School Name:	
School address:	
Please tick your status in Hong Kong: <input type="checkbox"/> I was born in Hong Kong; or/and <input type="checkbox"/> I have been residing in Hong Kong for 7 years or more; and/or <input type="checkbox"/> I am currently holding a <u>valid</u> dependent visa for Hong Kong (if yes, please attached a copy of your dependent visa to this form); or <input type="checkbox"/> I need a student visa to study in Hong Kong.	
Private medical cover for: i) out-patient treatments in Hong Kong <input type="checkbox"/> Yes <input type="checkbox"/> No ii) hospitalisation treatments in Hong Kong <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate if you are selected by a National Committee: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please specify which country you are representing: _____	
Have you registered for MYP previously? <input type="checkbox"/> No <input type="checkbox"/> Yes, my IB personal code is (e.g. abc123): _____	
Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other, please specify: _____	

Parent/guardian Information

Father/Guardian 1

Surname:

Given Names:

E-mail:

Mobile Phone No.: _____
(country + area code) (tel no.)

Office Tel No.: _____
(country + area code) (tel no.)

Tax No.: _____
(country + area code) (fax no.)

Mother/Guardian 2

Surname:

Given Names:

E-mail:

Mobile Phone No.: _____
(country + area code) (tel no.)

Office Tel No.: _____
(country + area code) (tel no.)

Tax No.: _____
(country + area code) (fax no.)

Emergency Contact

Complete this ONLY if your emergency contact is NOT your parent)

Surname:

Given Names:

Relationship with the student:

Tel No. (home/office/mobile phone*): _____
(country + area code) (tel no.)

Fax No. (home/office*): _____
(country + area code) (fax no.)

E-mail:

Parents Receiving Reports / **Main Contact for college communications:**

All school reports will be sent to parents/guardians by email, please indicate the email address of receiving reports:

Special Note for College's Reference:

Please complete and return this form to the College by 30 June 2018.