

Kiangsu - Chekiang College INTERNATIONAL SECTION

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Application for Admission

**Please enclose application fee of HK\$500 (not refundable and not transferrable).*

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:

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Home Tel. No: Fax No:

Family Email address:

School Information

Name of last school attended:

Other schools attended and dates:

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Medical Details

Does your child suffer from:

Asthma or other Allergies?.....Epilepsy?.....

Heart Condition? Diabetes?

Eye sight problem?..... Ear Problem.....

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.).

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**The Personal data to be supplied to this application form is for the purpose of processing your application for admission and will be used by, disclosed to or transferred among our employees only for purposes related to the process of your application for admission or where permitted by law. Should your application for admission be successful, the personal data may be retained as part of the student's records maintained by us and may be used by, disclosed to or transferred among our employees for the administration of the affairs of the student.*

Kiangsu & Chekiang Primary School
Kiangsu – Chekiang College
INTERNATIONAL SECTION

Educational Information Form

1. Does the applicant have any special educational needs? Yes / No

Has the applicant undergone any evaluative testing or received any services for learning support? Yes / No

Please attach a copy of the report of the applicant's most recent testing.

2. Has the applicant attended any ESL (English Second Language) programmes. Yes / No

If yes, please supply us with more details of the programme, i.e. length of programme, written report from the teacher.

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3. Has the applicant repeated any years at school? Yes / No

4. Has the applicant ever been requested to leave school? Yes / No
If yes, please give more details.

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5. Does the applicant have any further physical concerns? Yes / No

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6. Is the applicant currently taking any prescribed medication? Yes / No