Kiangsu - Chekiang College INTERNATIONAL SECTION

photo

Application for Admission

*Please enclose ap	plication fee	of HK\$500 (not refundat	ole and not transferrable).
		(First and Middle)	(Chinese Name)
Age: I	Date of Birth: .	Se day/month/year	x:
Nationality:		Place of Birth:	
1 st Language:		2 nd Language:	
Applying for which (Class?		Starting from
Details of Brothers/S	Sisters:		
Family Email address	s:		
School Information	1		
Name of last school	attended:		
Other schools attend	led and dates:		
Medical Details			
Does your child suffe	er from:		
Asthma or other Alle	ergies?	Epilepsy?	
Heart Condition?		Diabetes?	
Eye sight problem?		Ear Problem	.?
Other medical condi	tions		

Family Information
Father's name: Occupation:
Father's work address:
Tel. No:
Email address:
Mother's name: Occupation:
Mother's work address:
Tel. 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.).

^{*} 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. Failure to provide information requested under this application form may result in us being unable to process your application for admission. 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 or agents/contractors/service providers for the administration of the affairs of the student or where permitted by law. Request access to and correction of the personal data provided by you and held by us may be made in writing to the school secretary at 30 Ching Wah Street, North Point, Hong Kong or emailed to enquiry@kcs.edu.hk.

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 receive services for learning support?	ed any Yes / No
	Please attach a copy of the report of the applicant's most rec	ent testing.
2.	Has the applicant attended any ESL (English Second Langua programmes. If yes, please supply us with more details of the programme, i.e. length of programme, written report from the teacher.	age) Yes / No
3.	Has the applicant repeated any years at school?	Yes / No
4.	Has the applicant ever been requested to leave school? If yes, please give more details.	
5.	Does the applicant have any further physical concerns?	Yes / No
6.	Is the applicant currently taking any prescribed medication?	Yes / No