

## Application Form

### Student:

Name in Chinese: \_\_\_\_\_

Name in English: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact number: \_\_\_\_\_

Start of lesson: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ am/pm

Location: (Sheung Shui/Wan Chai)

Learning Expectation: \_\_\_\_\_

### Student personal information:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex/Gender: F/M

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Unique Habit: \_\_\_\_\_

Have you ever moved? When? \_\_\_\_\_

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

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

Family members: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Has he/she had any injury? \_\_\_\_\_

When? \_\_\_\_\_

Any specific illness? \_\_\_\_\_

Period: \_\_\_\_\_

Any bad habit/temper you want him/her to get rid of? \_\_\_\_\_

Period: \_\_\_\_\_