

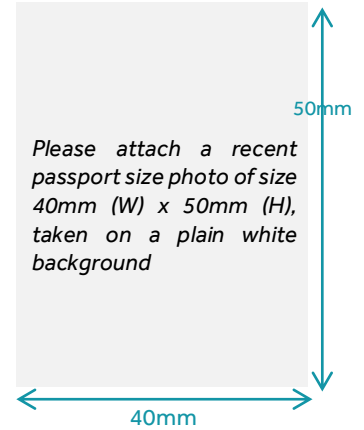
For Admissions Office Use Only

Date Received _____ / _____ / _____
 (Month) (Date) (Year)

Admissions Assessment Date _____ / _____ / _____
 (Month) (Date) (Year)

Time _____

Student ID _____



Personal Information of Applicant

Applying for Grade _____ Month & Year of Expected Entry _____ Male Female

Official Name _____
 (Surname) (Given Names) (Preferred Name)

Date of Birth _____ / _____ / _____ Citizenship _____
 (Month) (Date) (Year)

Visa Type HKPR HKPR with Foreign Passport Student Dependent Other _____

First Language _____ Second Language _____

Brother(s)/ Sister(s) at ASHK No Yes

If yes, _____
 (Name of Sibling) (Grade) (School Year)

Brother(s)/ Sister(s) applying to ASHK with Applicant No Yes

If yes, _____
 (Name of Sibling) (Grade) (School Year)

Additional Information

Please feel free to provide any additional information that may be helpful to the Admissions Committee, such as special interests, talents, hobbies, personality, etc.

Schooling Information

Permissions: By submitting this application, you have given ASHK permission to contact your child's school(s) for supplementary information, if necessary.

Name of Current School _____

Grade(s) at this School _____ to _____ Period at this School _____ / _____
(Month/ Year) (Month/ Year)

School Address _____

Country _____

Website _____ Telephone No. _____

Main Language of Instruction English Other _____

Previous School(s) Attended	City/Country	Date & Grade(s) Enrolled	Date & Grade(s) Left

Has Applicant repeated or advanced any grade(s)? No Yes If yes, which Grade(s) _____

If yes, please explain _____

Has Applicant undergone evaluative testing or received services for learning support (e.g. speech/language, occupational therapy, counselling or gifted program)? No Yes

If yes, please explain and provide report _____

Has Applicant ever been requested to leave school? No Yes

If yes, please explain _____

Health Information

Please supply information regarding Applicant's health and/or behavior which might affect his/her performance in the classroom, or limits participation in physical education activities and/or field trips. Information on prescribed medication and/or allergies must be provided.

Correspondence Address

Country _____ Telephone No. _____

Parent Information

<u>Parent 1</u>	<u>Parent 2</u>
Relation to Applicant _____	Relation to Applicant _____
Status <input type="radio"/> Married <input type="radio"/> Remarried <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Deceased	Status <input type="radio"/> Married <input type="radio"/> Remarried <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Deceased
Title <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Prof.	Title <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Prof.
Surname _____	Surname _____
Given Names _____	Given Names _____
Nationality _____	Nationality _____
Company Name & Address _____ _____	Company Name & Address _____ _____
Type of Business _____	Type of Business _____
Position _____	Position _____
Office Telephone No. _____	Office Telephone No. _____
Hong Kong Mobile No. _____	Hong Kong Mobile No. _____
Other Mobile No. _____	Other Mobile No. _____
Personal Email _____	Personal Email _____

Legal Guardian Information

It is ASHK's expectation that at least one parent is in full-time residence in Hong Kong. If the Applicant is residing with a person other than a parent, please provide information.

Full Name _____ Relation to Applicant _____

Hong Kong Mobile No. _____ Email Address _____

Billing Information

Name of Billing Contact Person (if not the parent) _____

Telephone No. _____ Email Address _____

Address _____

