

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: _____

Have you had any injury? _____

When? _____

Any specific illness? _____

Period: _____

Any bad habit/temper you want to get rid of? _____

Period: _____