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 inform	nation:			
Date of Birth:		Age	e:	Sex/Gender: F/M
Nationality:	Rel	igion:		
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 wa	nt to get ric	d of ?		
Period:				

Address: 1Flat 810, 8/F Lucky Centre, 165-171 Wan Chai Road, Wan Chai, Hong Kong

香港灣仔灣仔道165-171號樂基中心8樓810室
Tel: (852) 2876 2862 Fax: (852) 3011 5500
Email: info@pratc.com website: www.pratc.com
Email: info@vprtc.com website: www.vprtc.com