

# Li Po Chun United World College of Hong Kong

## STUDENT DATA FORM

Please use **BLOCK** letters.

\* Please delete as appropriate.

Please fill in your name(s) as per your passport or identity card.

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Second Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Name in Chinese (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (date) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Place of Birth (country) \_\_\_\_\_ Nationality \_\_\_\_\_

Sex \_\_\_\_\_ HKID No. (if applicable) \_\_\_\_\_

Passport No. \_\_\_\_\_ Expiry Date (dd/mm/yy) \_\_\_\_\_

China Travel Pass No. (if applicable) \_\_\_\_\_ Expiry Date (dd/mm/yy) \_\_\_\_\_

- I was born in Hong Kong; or/and
- I have been residing in Hong Kong for 7 years or more; and/or
- I am currently holding a dependent visa (if yes, please attached a copy of your dependent visa in your passport).

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
(country + area code) (tel no.) (country + area code) (fax no.)

Former School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_

Private medical cover for treatments in Hong Kong  Yes  No

Please indicate if you are selected by a National Committee:

No  Yes, if yes, please specify which country you are representing: \_\_\_\_\_

Have you registered for MYP previously?

No  Yes, my IB personal code is (e.g. abc123) : \_\_\_\_\_

Father's Surname \_\_\_\_\_ Given Names \_\_\_\_\_

E-mail \_\_\_\_\_  
(Please use BLOCK letters)

Mobile Phone No. \_\_\_\_\_  
(country + area code) (tel no.)

Office Phone No. \_\_\_\_\_  
(country + area code) (tel no.)

Fax No. \_\_\_\_\_ (home/office\*)  
(country + area code) (fax.no.)

Mother's Surname \_\_\_\_\_ Given Names \_\_\_\_\_

E-mail \_\_\_\_\_  
(Please use BLOCK letters)

Mobile Phone No. \_\_\_\_\_  
(country + area code) (tel no.)

Office Phone No. \_\_\_\_\_  
(country + area code) (tel no.)

Fax No. \_\_\_\_\_ (home/office\*)  
(country + area code) (fax.no.)

**EMERGENCY CONTACT** (Complete this ONLY if your emergency contact is NOT your parent)

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Relationship with the student \_\_\_\_\_

Tel No. \_\_\_\_\_ (home/office/mobile phone\*)  
(country + area code) (tel no.)

Fax No. \_\_\_\_\_ (home/office\*)  
(country + area code) (fax.no.)

E-mail \_\_\_\_\_

**Method of Parents Receiving Reports**

Please select **ONLY ONE** of the following options:

As an e-mail attachment. My e-mail address is: \_\_\_\_\_

By mail. My mailing address is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_