

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.

Family Name _____

Given Names _____ 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 Full Name _____
(Family Name) (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 Full Name _____
(Family Name) (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.)

PARENT'S PRIVATE FAX/E-MAIL for CONFIDENTIAL correspondence with the College (when necessary):

E-mail. _____ (please use BLOCK letters)

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

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

Contact Person _____

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

As an e-mail attachment. My e-mail address is: _____

By mail. My mailing address is: _____

