

## YMCA OF HONG KONG CHRISTIAN COLLEGE

## **ADMISSION APPLICATION FORM 2024 – 2025**

APPLICATION FOR FORM ( )

Please complete this form in **BLOCK CAPITALS**.

1. <u>Students' Personal Information</u>	ormation Application No. :					
Name:	(English)					
	(Chinese)					
Date of Birth: <u>dd</u> / <u>mm</u> / <u>yyyy</u>	Gender : Age :	Dogont				
Nationality: Place of	: Place of Birth : Photo of					
Student Reference Number (STRN) : (only for students f.	rom local schools)	Student				
*HKID / Passport No. : (	,					
☐ Permanent resident ☐ Dependant visa ☐ Student v	risa [Visa Expiry Date :					
Date of Arrival : Country of O	Origin :	_				
Residential Address :						
Contact Tel. No. :	(Home)					
E-mail Address :						
Religion: Church:	Church:					
2. Parents' Information						
Father	Motl	Mother				
Name in English :	Name in English:					
Name in Chinese :	Name in Chinese :					
Education Level:	Education Level:  Primar	Education Level:  Primary  Secondary				
☐ Tertiary :	Tertiary :					
Company Name :	Company Name :	Company Name :				
Position:	Position:					
Contact No.: (Mobile)	Contact No.: (Mobile)	Contact No.: (Mobile)				
(Home)	(Home)					
E-mail Address :	E-mail Address :	E-mail Address :				
3. Referee (Please write down the contact details of a tea	•					
Name: Mr./Ms./Mrs. (Please circle the appropriate title Position:						
Position:						
4. Recommended By (optional)						
Name:	Relationship with Student	t:				
Organization :	Contact Tel. No.:					

## 5. Academic Information

Name(s) and years of school(s) attended/attending

Date								
From	From To		Level	Schools Attending / Attended				
/		/						
/	1							
			Average grades a	schieved in the last 2 yea	rs			
Level English		Languages	Mathematics	Other	Conduct			
·				hievement in each categ	-			
ii. Extra-curricular Activities :								
iji Voluntary S	Service	/ Charity Wor	·k ·					
iii. Voluntary C	oci vicc	7 Charley Wor	к					
(Name)			` =	currently attending scho (Class & Year)	*			
					(	(Please give specific details.)		
iii. Special Medical Needs (e.g. Diabetics injections, etc.)								
					(	(Please give specific details.)		
attachments is	to the	and complet	e. I fully understand		all the terms an	pplication Form and any d conditions stated in the litions.		
Student's Signa	iture :			Date :				
Signature of Pa	nature of Parent/Guardian: Name of Parent :							
			https://www.yhkcc.ed	r enquiries about fee ren lu.hk/en/content.php?wid	<i>l</i> =145			
For Office Use			•••••	• • • • • • • • • • • • • • • • • • • •	•••••			
			Receipt No.:	Date Iss	ued :			