

ST. PAUL'S COLLEGE PRIMARY SCHOOL

Junior Class : _____ Class No. : _____

Name : _____ (English) _____ (Chinese) Age : _____

Date of Birth : _____ (D/M/Y) Place of Birth : _____

Home Address : _____
_____ Telephone No. : _____

Name of Father : _____ (English) _____ (Chinese)

Name of Company / Organisation : _____

Business Address : _____
_____ Occupation / Rank : _____

Telephone No.: _____ (Office) _____ (Mobile)

Name of Mother : _____ (English) _____ (Chinese)

Name of Company / Organisation : _____

Business Address : _____
_____ Occupation / Rank : _____

Telephone No. : _____ (Office) _____ (Mobile)

Is the student allergic to any medicine / chemical? Yes / No

If yes, please specify : _____

State any information you consider relevant concerning the student's medical condition.

Person to contact when the parents cannot be reached.

Name : _____ (English) _____ (Chinese)

Relationship with the student : _____

Contact telephone No. : _____