

CULTURAL LINK CENTRE

Room 1006, 10/F., Alliance Building, 133 Connaught Road Central, Hong Kong
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NEW ZEALAND APPLICATION

COURSE OF STUDY	COMMENCEMENT DATE
<input type="checkbox"/> English Language Program	
<input type="checkbox"/> High School Program	

PHOTO

STUDENT'S PERSONAL DETAILS

Name: (English) _____ (Chinese) _____

Age: _____ Sex: _____ Date/Place of Birth: _____ / _____
(dd/mm/yy)

Address: _____

E-mail address: _____

Telephone: (Home) _____ (Mobile) _____ Fax: _____

Present level of education: _____

PARENTS' CONTACT DETAILS

Father's name: (English) _____ (Chinese) _____

Telephone: (Home) _____ (Office) _____ (Mobile) _____

Mother's name: (English) _____ (Chinese) _____

Telephone: (Home) _____ (Office) _____ (Mobile) _____

Please submit the following with this application:

- | | |
|--|--------------------------|
| 1. Copy of your last two years' school reports | <input type="checkbox"/> |
| 2. 5 recent photos | <input type="checkbox"/> |
| 3. Half of the application fees (HK\$1500) | <input type="checkbox"/> |
| 4. Copy of your passport | <input type="checkbox"/> |

\$1500 Received :

Cheque No. _____

Bank: _____

By: _____

On: _____

ACCOMMODATION PREFERENCE

List any sports you play, your hobbies and special interests

Homestay Preference

Cats and dogs	Yes / No	
Large families (more than 4 people)	Yes / No	
Small families (4 or less people)	Yes / No	
Outdoor activities	Yes / No	
Indoor activities	Yes / No	
Young children	Yes / No	
Any food you cannot eat	Yes / No	Please specify: _____
Are you a vegetarian	Yes / No	
Require any religious observances	Yes / No	

HEALTH DECLARATION

Do you have any health problems? **Yes / No**

Is yes, what are they?

SCHOOL PREFERENCE

What kind of high school would you prefer? **Boys/Girls** **Co-educated**

Preferred subjects

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____