

10. **Emergency contact (in case of Sickness/ Injury or other urgent matters)**

Name:
Telephone: Office:
Home:
Mobile:

11. **COMBINATION**

I would like to study (Circle your choice)

i.e You can choose more than one combination but not more than 3 choices.

Circle Your Choice then indicate your Preference, eg ECA –1, HGL 2 , CBG-3

EGM PCM PCB CBG HGL, HKL , HGK
ECA, HGE

12. **DECLARATION**

Name:

Signature:

Date:

Duly filled form attached with a copy of an applicant result slip must be received by the school before June this year.

13. **ACCOMODATION :**

BOARDING DAY (PUT A TICK ACCODINGLY)

FOR OFFICE USE ONLY	
Receipt Number:
Form collected / sent on:
Return date / Deadline:
Form IV results:
Recommendations:
Accepted:	YES / NO
Admission Number:
Starting Date:
Waiting List: