



**2016-2017
 STUDENT INFORMATION CARD**

Family Name				Given Name			
English Name				Date of Birth	(d)	(m)	(y)
Gender	M / F	Year (Grade)					
Student Passport Number			Student HK ID Number			Student Mobile Number	
Address:							
Name		Tel (Home)		Tel (Office)		Mobile	
Mother:							
Father:							
Parent's e-mail address							
Student's e-mail address							
Family Doctor:		Tel:					
Any brothers or sisters in K.I.S.?							
Name & Year	(Y)			(Y)			
* IMPORTANT WHEN PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY PLEASE CONTACT							
Name		Relationship		Tel (Home)		Mobile	
1.							
2.							
ADDITIONAL INFORMATION: Is there any additional information which would help us? If yes, please complete the following.							
Medication							
Allergies							
Dietary Needs							
Restricted Activities							
Others							