



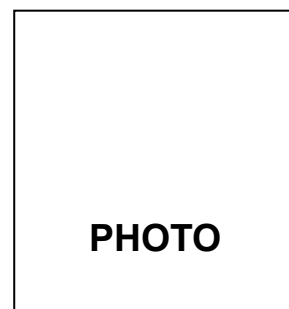
## Anfield Language Centre New Students' Registration Form

**Please complete in block capitals**

Student's name: \_\_\_\_\_  
(English) (Chinese)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

HKID / Passport No. \_\_\_\_\_



School currently attending: \_\_\_\_\_ Year level: \_\_\_\_\_

Details of Special Medical or Educational Needs (if relevant):  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Fax: \_\_\_\_\_

Office (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_

Mobile (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_

Email address (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_

Emergency phone no.: \_\_\_\_\_ Contact person: \_\_\_\_\_

**For our records, please would you let us know how you came to know about Anfield:**

- **Word of mouth**
- **Website**
- **Adverts – please specify which publication** \_\_\_\_\_
- **Other means – please specify** \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**For Official Use:**

<b>Student No.:</b>	<b>Paid:</b> Yes / No <b>Date:</b>
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**Kowloon Tong Campus:** 5 Cumberland Road, Kowloon Tong, Kowloon, Hong Kong Tel: (852) 2794 3668 Fax: (852) 2549 3878

**Whampoa Campus:** L2, Phase 1, Laguna Verde, 8 Laguna Verde Avenue, Hunghom, Kowloon, Hong Kong Tel: (852) 2766 3882 Fax: (852) 2766 3933

**www.anfield.com.hk**