



UK A Level Subject Appointment Request

When completed, please return to

EDB School 566985
Registration 600733

Fax: 2116-1675 (Central)

Fax: 2116-9105 (TST)

Email: info@itseducation.asia

PART 1 CANDIDATE PARTICULARS (Please use BLOCK LETTERS)

Name in English Surname Given Name

Most Recent School Year/Level

Most Recent Qualification IGCSE HKCEE GCE HKALE Other

Most Recent Subjects	<input type="text"/>	Grade <input type="text"/>	<input type="text"/>	Grade <input type="text"/>
	<input type="text"/>	Grade <input type="text"/>	<input type="text"/>	Grade <input type="text"/>
	<input type="text"/>	Grade <input type="text"/>	<input type="text"/>	Grade <input type="text"/>
	<input type="text"/>	Grade <input type="text"/>	<input type="text"/>	Grade <input type="text"/>

Interested AL Subjects

<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2	<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2
<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2	<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2
<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2	<input type="text"/>	<input type="checkbox"/> AS	<input type="checkbox"/> A2

PART 2 PARENTAL / GUARDIAN if Student above is under age 18 (Please use BLOCK LETTERS)

Salutation Mr. / Mrs. / Ms / Miss / Dr (delete as appropriate)

Name in English Surname Given Name

Contact No: Mobile Home Work

Fax No: Home Work

Email Address

Contact Address

PART 3 APPOINTMENT PREFERENCES

Preferred Campus No Preference Central TST

Preferred Time(s) 9am-1pm 1pm-4pm 4pm-8pm

Preferred Day(s) Mon Tue Wed Thur Fri Sat Sun

PART 4 OTHER INFORMATION