



HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong Tel: (852) 2719-1668 Fax: (852) 2358-1055 Email: info@hkac.edu Web: www.hkac.edu

Student Ambassador Application Form

Personal information is collected for administration purposes only

SECTION 1- STUDENT DETAILS (Please complete in CAPITAL LETTERS)							
Name in English (as shown on Passport/Hong Kong ID Card)							
Last/ Family Name	Given Name		Other Name		HK ID No. / Passport No.		
Name in Chinese	Date of Birth (mm/dd/yyyy) e.g. 12/25/1997		Age		Gender	Photo	
						FemaleMale	
Religion:	Place of Birth:		Nationality:				
Home No.:		Mobile No.:		Email:			
Mailing Address:							

SECTION 2 – APPLICANT'S EDUCATION (From secondary of	nward)		
Secondary School / College / University	From (Year) e.g. 2010	To (Year) e.g. 2017	Qualification e.g. Grade 12

SECTION 3 – FAMILY INFORMATION				
Father	Name in English	Name in Chinese (If any)	Occupation	
Email :		Office Tel. :	Mobile Tel.:	
Mother	Name in English	Name in Chinese (If any)	Occupation	
Email :		Office Tel. :	Mobile Tel. :	
Guardian	Name in English	Name in Chinese (If any)	Occupation	Relationship
Email :		Office Tel.:	Mobile Tel.:	
Emergency Contact (Except parents)	Name in English	Name in Chinese (If any)	Mobile Tel. :	Relationship

SECTION 4 – REFERENCES Please provide us with two references (<i>individuals not related to you</i>). One of them MUST be a principal, vice-principal, guidance counselor or teacher, pastor or professor. It is essential that you provide us with complete and correct information, including an active email address.				
Name in English	Name in Chinese (If any)	Position	Years Known	Email:

SECTION 5 – CONSENT DETAILS				
The information I have provided is complete and accurate, and I understand any omission of information could significantly delay my acceptance. I further understand that any falsifications of admission documents are reason for immediate cancellation of my application and/or denial or withdrawal of admission to Hong Kong Adventist College programs. If accepted, I agree to abide by the regulations of the institution as published in its Bulletin and Handbook or as announced. I recognize that failure to abide by these regulations is ground for dismissal.				
Applicant's Signature	Parent/Guardian's Signature	Date (mm/dd/yyyy)		