



STUDENT INFO'S



VIP Conference 10 – 14 Oct.
2018

Name	First	Last	Photo	
Sex				
Age : Date of Birth (YYYY-MM-DD) :				
Name of the School Grade :				
Full Address				
Student Mobile Phone		Parents Mobile Phone		
Email	Student : Parents :			
General health condition :				
Do you have any special dietary requirements or any allergy?				
Any conditions requiring regular medication?				
Ability in Language(English)			Other special interests and activities	
	Good	Fair		Poor
Reading				
Writing				
Conversation				