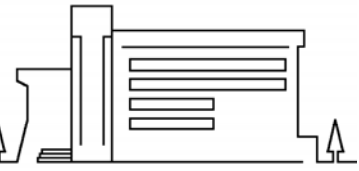




佛教大光慈航中學

**Buddhist Tai Kwong Chi Hong College**



地址 Address : 香港新界大埔翠怡街四號 4 Chui Yi Street, Tai Po, N.T., H.K.

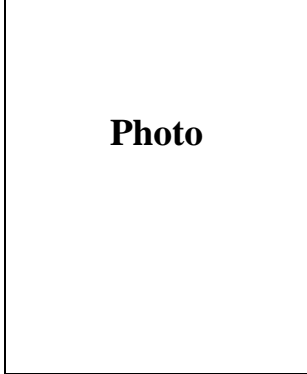
電話 Tel No. : 2664 0833 傳真 Fax : 2664 6687

網址 Web Site : www.btkhc.edu.hk 電郵 Email : btc@e.btkhc.edu.hk

## 2018 Application for One-year Exchange Program in USA

**Note:**

1. Please fill in all the items clearly with a black pen.
2. All application forms have to reach Ms. Yau Wing Sze (Room A) by 5:00 p.m. on or before 22-11-2017 (Wednesday).
3. Interview will take place on 30-11-2017 (Thursday) and details will be announced individually.



### PERSONAL PARTICULARS

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Age at 1/9/2018: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Identity Card No. & Passport No.: \_\_\_\_\_

Address: (Home) \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_ Class & Class No. in school: \_\_\_\_\_

### FAMILY PROFILE

Relationship	Name (English & Chinese)	Occupation	Work Tel./Mobile
Father			
Mother			

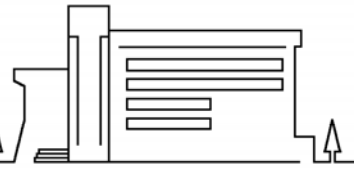






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5. Write down special information that you would like us to know more about you.

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Name & Signature of 3 teachers' referee

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