



CARLSON COLLEGE Application Form

Programme: Hospitality Management Management Studies Secondary School _____

Please fill in Block Letter

I. Personal Information

Name: _____ Chinese Name (If any) _____ Sex : M / F

ID Card No : _____ age _____ Day of Birth : _____ / _____ / _____

Address : _____

Contact Number _____ Mobile Number : _____

II. Guardian Information

Name _____ Occupation : _____

Contact number _____ relationship : _____

III. Qualification

Year		Name of School	Award	Date of Award
From	To			

IV. Course Fee and Refund Policy

- Course fee submitted by monthly base
- 1 week before the class start, course fee 100% refund.
- After the class started 1 days, 80% course fee refund.
- After the class started 2 days, 50% course fee refund.
- After the class started 3 days, no course fee refund.

I declare that all the particulars entered in this form are true and correct to the best of my knowledge and understand that any false information entered will lead to disqualification of my application or termination of study.

Signature of Applicant

Date

Approve the student to take class _____ , and start at _____ .

Approved by : _____

Date : _____

(School use only)