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SIR ELLIS KADOORIE (S) PRIMARY SCHOOL ALUMNI ASSOCIATION ALUMNI REGISTRATION FORM

Name: (Mr/Ms/Mrs*) (*delete as appropriate)	Sex: M / F*
(defete as appropriate)	
Nationality:	Date of birth: (Day / Month / Year)
Class of the (last year in school) [40s [50s [60s [70s [80s]]] (Please tick the appropriate one)	s
Telephone:(office/home*)	(mobile)
Corresponding address:	
Email address:	
Current Status in Connection with SEK: Pa	rent Staff Teacher N/A
Profession:	edical Engineering W Others:
Mode of contact: www.sekps.edu.hk (School V	Website)
Donations are welcome (Cash or cheques payab PRIMARY SCHOOL ALUMNI ASSOCIATIO	N)
For Official Us	se Only
Membership Fee: HK\$50 (Cheque Number:	
Membership Number: SEKSAA	
Date of Issue: Receipt Number	r:
Association Phone Number: 2577 3489	(Association Chop)

Association Phone Number: 2577 3489 Association Fax Number: 2882 4520

Association Address: 9 Eastern Hospital Road, Sookunpo, Hong Kong