



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

Name: (Mr/Ms/Mrs*) _____ Sex: M / F*
(*delete as appropriate)

Nationality: _____ Date of birth: _____
(Day / Month / Year)

Class of the (last year in school)

40s 50s 60s 70s 80s 90s 2000s 2010s
(Please tick the appropriate one)

Telephone: _____ (office/home*) _____ (mobile)
(*delete as appropriate)

Corresponding address: _____

Email address: _____

Current Status in Connection with SEK: Parent Staff Teacher N/A

Profession: Education Media Medical Engineering
 Business Police Law Others: _____
(Please tick the appropriate one) (Please specify)

Mode of contact: www.sekps.edu.hk (School Website)

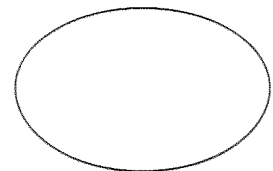
**Donations are welcome (Cash or cheques payable to SIR ELLIS KADOORIE (S)
PRIMARY SCHOOL ALUMNI ASSOCIATION)**

For Official Use Only

Membership Fee: HK\$50 (Cheque Number: _____)

Membership Number: SEKSAA - _____

Date of Issue: _____ Receipt Number: _____



Association Phone Number: 2577 3489
Association Fax Number: 2882 4520
Association Address: 9 Eastern Hospital Road, Sookunpo, Hong Kong

(Association Chop)