

Student Personal Particulars Amendment Form

Please complete and return this Form to the Academic Services and Student Affairs Office.

請用英文正楷填寫後交回教務及學生事務處辦理。電郵: apl@hkapa.edu 傳真: 2584-8765

Name of Student	(Last Name)	(First Name)	(Name in Chinese)
HKAPA Student No.		School	
Programme/Year (for Full-time Student)		Course Code (for Junior Student)	
Amendments (Please fill in amended items only) 請只填寫更改之部份			
Residential Address		Correspondence Address	
Telephone No.	Home:	Mobile:	
E-mail Address			
Others			
Parent's/Guardian's Particulars 家長或監護人資料			
Name of Parent/ Guardian	(Last Name) Chinese)	(First Name)	(Name in
HKID Card No.		Relationship to Student	
Telephone No.	Home:	Office:	Mobile:
Correspondence Address			
_____ Signature of Student/Parent		_____ Date	
For ASO Use (ASO will retain this record and email the soft copies to the parties concerned. ASO should save the emails sent as records for enquiry.)			
<input type="checkbox"/> BANNER updated			
<input type="checkbox"/> Email to EO (GEC) <input type="checkbox"/> Email to EO (School) <input type="checkbox"/> Email to HRO & A/O			
Staff-in-charge: _____		Date: _____	