



APPLICATION FOR TESTING

(To be completed in English)

NAME:

(Please underline Family Name)

MALE / FEMALE

(Please circle)

COUNTRY:

DATE OF BIRTH:

RELIGION:

STATUS (Please tick appropriate box)

- OVERSEAS FULL FEE PAYING STUDENT** []
- AUSTRALIAN PERMANENT RESIDENT** []
- AUSTRALIAN CITIZEN** []
- TEMPORARY RESIDENT – VISA 163** []

DATE OF TESTING:

PLACE OF TESTING: HONG KONG

REFERRING EDUCATION AGENT:

ACCESS ACADEMIC CONSULTANCY
 1301, TAI YAU BUILDING
 181 JOHNSTON ROAD
 WANCHAI, HONG KONG
 TEL: (852) 2777 8771 FAX: (852) 2777 2677
 EMAIL: INFO@AAC.HK

AGE AT TIME OF TESTING:

- SCHOOL APPLIED FOR:**
- 1.
 - 2.
 - 3.

YEAR LEVEL APPLIED FOR:

MONTH/YEAR: _____ /20_____

BOARDING OR HOMESTAY:

PRESENT SCHOOL:

PRESENT YEAR LEVEL:

COMMENCED (MONTH/YEAR):

FATHER'S NAME:

MOTHER'S NAME:

HOME ADDRESS:

HOME TELEPHONE:

BUSINESS TELEPHONE:

FAX:

MOBILE:

EMAIL:

GUARDIAN IN AUSTRALIA (Name, address and telephone):

FOR PAYMENT OF TEST FEES IN HONG KONG

Account Name: AEAS Limited	Bank Address: 1 Queen's Road, Central
Account Number: 809-799919-838	Bank Code: 004 (for local payment)
Bank Name: HSBC Hong Kong	SWIFT Address: HSBCHKHHHKH

