With our compliments

AMG Fax: 2523-8507 / Tel: 2526-4097
Email: admin@amghk.com.hk
1st Floor, Oriental Crystal Commercial Building
46 Lyndhurst Terrace, Central, HK

Tuition Request

Student's given name: Family name: Male( ) Female( )

Date of birth: School: Form:

Days/times available for lessons: 1st choice:

2nd choice:

3rd choice:

PARENT/GUARDIAN (PLEASE PROVIDE ALL INFORMATION IN THE * FIELDS):

* Prof / Dr / Mr / Mrs / Ms * (Name in Full) (English Name)

* Home address:

* Tel: * Email or Fax:

* Mobile: Student's mobile:

Office address:

Tel: Fax:

I would prefer regular correspondence to be sent to: Home Office

Invoice: Parent/Other (if not the parent, please specify):

TUITION REQUIREMENTS:

Subject(s)	Level(s)	No. of hours per week

Name(s) and Date(s) of examinations the student is preparing for:

Examination	Date

Any other details of which tutors should be informed:

I understand and accept the charges and cancellation policy. **Signature:** _____

Date: _____

Notes (office use only): _____